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Economics

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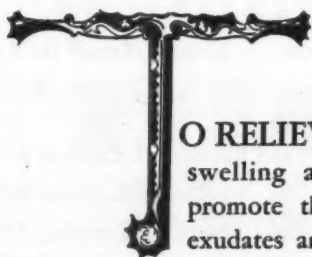
THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

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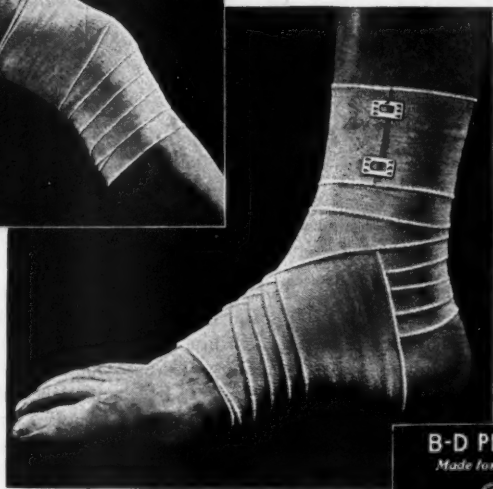
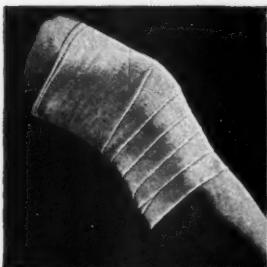
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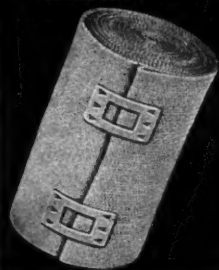
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The ambulance of the small town hospital met the oxygen tent on its arrival . . . and a young woman's life was saved. On land as well as on sea the saving of human life takes precedence over all else. However, only a few years ago a doctor's best effort to save a patient like this might have been futile.

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SPEAKING

Alcohol

TO THE EDITOR: In May MEDICAL ECONOMICS John T. Cordrey falls into a rather inexcusable error when he says "The repeal of prohibition, which cut off the racketeer's main source of income..."

The U. S. Attorney General says that the alcohol racket did not constitute more than 20 per cent of all rackets in this country at that time. The Assistant Attorney General adds that other rackets are far more profitable and much more numerous.

Some writers seem to have a phobia so far as the liquor problem is concerned. They attribute ills to the eighteenth amendment that never bore any relation to it whatever.

Grafton E. Day, M.D.
Collingswood, New Jersey

Nucleus

TO THE EDITOR: In the May issue of MEDICAL ECONOMICS you published an article entitled "Michigan Proposes Mutual Health Service." I was gratified to notice that this plan is taking actual form in Michigan, and I hope that other states will follow the example. No doubt modifications will be necessary, but the nucleus has been formed. I do not know of any better proposal offered in lieu of state medicine.

Joseph K. Narat, M.D.
Chicago, Illinois

Veterans

TO THE EDITOR: The current knowledge that the government operates free hospitals all over the country brings up once more the old fallacy that government service is free.

It must be evident that someone has to pay for this service; and, in this case, the veterans have paid their full share in the way of taxes on the one hand and curtailed advantages on the other, resulting from the depression.

While the causes of economic regress in this country are many, certain it is that extravagance and waste on the part of the government in the last score of years heads the list.

Then there is a moral aspect to this question. By what right can the veteran expect medical service for non-service disability at the expense of his fellow citizens? Of course, he has no right whatever. This practice has been based on political expediency, the detrimental results of which are now evident to all.

There are signs already of some modified form of national bankruptcy. Inflation, credit expansion, monetary de-

valuation, and so forth, are but euphonious terms for debt repudiation. After the "New Deal" we may fairly expect that of all things one is sure that the colossal bill for this experiment will keep the people of this country in poverty for several decades.

The rich are being made poorer by excessive taxation without any corresponding enrichment of the poor. It needs no prophet to fathom what is in store for the "land of the free and the home of the brave."

It is said that few patients seeking government aid are able to pay. Are they any different from their fellow citizens? The unfairness of it all is evident from the fact that other citizens are in the same position and yet have not only to pay for their own medical service, but for that of others as well.

F. D. La Rochelle, M.D.
Springfield, Massachusetts

Covered

TO THE EDITOR: You may dump all the other magazines in the rubbish, for all I care, as long as I can get the opportunity to read MEDICAL ECONOMICS from cover to cover each month.

And that includes the advertisements. I know I couldn't possibly miss them.

J.A.T., M.D.
Philadelphia, Pennsylvania

Colonels

TO THE EDITOR: The title "Doctor" is becoming to the medical profession what the title "Colonel" has become to the real Kentucky colonels. The major difference is, however, that the movie idols, radio crooners, newspaper men, and politicians who have had the title "Colonel" bestowed upon them deserve it fully as much or more than present-day cultists deserve the degree of "Doctor."

Doctorates have been handed out so indiscriminately that almost anyone can become a doctor of something or other in from six months to three years. The fellow who fits your shoes, untwists your knotted nerves, makes your glasses, and rearranges your fibrous tissues is called "Doctor" and advertises as such—frequently ending his self-laudatory publicity with the statement: "I am a specialist."

The laity, especially those of foreign birth, think of doctors as being either physicians or dentists. Hence, all who are not dentists must be physicians.

Those truly entitled to the degree of doctor—whether in medicine, dentistry, law, or philosophy—have worked many

FRANKLY

years to obtain it. In justice to them, I sincerely hope that the indiscriminate use of their title meets oblivion before the "doctorizing" of the undeserving approximates the Kentucky "colonelizing" mania.

O. D. C. Watts
Springfield, Ohio

Filly

TO THE EDITOR:

I seldom burst into print, but the suggestion made by Dr. E. T. McGaugh and reported in April MEDICAL ECONOMICS leads me to do so. Dr. McGaugh's proposal that physicians be divided into two types, namely M.D.'s and M.B.'s, would only arouse immense confusion, it seems to me.

There should be no such thing as a half-trained, or grade B, doctor. And I disagree with Dr. McGaugh that such men should be foisted upon the community at large, or, as he suggests upon the rural districts. A human being, whether he lives in town or in the country, is entitled to the best that medicine can give.

There are no such things as "frills" in medicine. These so-called frills simply mean that men today are better educated than they were in the frillless days of the past.

The McGaugh idea would by no means eliminate unrecognized schools and quack doctors. On the contrary, it would mean that we would have just so many more to cope with, the M.B.'s assuming a position on a par with the cultists of the present.

William J. MacDonald, M.D.
Boston, Massachusetts

\$12.50 Week

TO THE EDITOR:

I am taking the liberty of replying to an article written by a doctor's wife and published in your April number under the title "An Office Wife For You?" I heartily agree with the author that a doctor's wife should not be his office assistant, but I object to her taking it for granted that good office assistants should be obtainable in the smaller towns for little more than it costs to hire a housemaid.

For the past eight years I have been a medical assistant, and it is true that I work for wages barely above those of a housemaid. I have learned to give electric treatments, including diathermy and sun-ray applications, and to assist with minor surgical operations in the office. Besides keeping the office clean, I keep the books, order all the drugs and other supplies, answer phone calls, meet patients—in fact, do a hundred and one things. For

all this I receive \$12.50 a week.

I wonder if there aren't a number of office assistants in my situation, who badly need and would greatly appreciate a little more remuneration for their services? In my opinion the trouble is that many physicians in rural localities want a competent nurse, bookkeeper, stenographer, accountant, and so on, all for the price of a maid in the home.

A Medical Assistant

Sold!

TO THE EDITOR:

I want to compliment you on your publication, MEDICAL ECONOMICS. It is one journal I read and enjoy thoroughly. Certainly it fills a need our more elaborate publications sidestep entirely. The last number is worth the price of a set of books!

L. N. Kunkel, M.D.
Weeping Water, Nebraska

Retirement

TO THE EDITOR:

The Wagoner Bill, recently introduced in Congress, would require all railroad workers who have had 35 years of service, or who have attained the age of 65, to be placed, automatically, on the pension rolls at 60 per cent of wages earned during the past ten years. Each employee would pay into the treasury 2 per cent of his monthly wage, and the railroad company would add to it an equal sum. In this manner the old-age pension fund would be created.

Why shouldn't there be a similar law compelling each physician to pay 2 per cent monthly of his income into an old-age pension fund, and providing that all physicians must retire from practice at the age of 65, or after 40 years of active service? This would take out of general practice about 15,000 physicians, and thus give the young practitioners a better chance, at the same time guaranteeing those who retired a living income for their declining days.

This, it seems to me, would be a much better plan than establishing doctors' homes.

C. W. Baynham, M.D.
Amarillo, Texas.

Calcium

TO THE EDITOR:

MEDICAL ECONOMICS has been of inestimable value in making physicians open their eyes and stand up for their rights. I have been reading the magazine for years, and surely appreciate it.

J. J. Walker, M.D.
Roswell, New Mexico



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Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

That A. M. A. - A. C. S. Split

TWO GROUPS AT LOGGERHEADS OVER HEALTH INSURANCE

IF by any chance the American College of Surgeons, through its recent public approval of health insurance, had any notion of throwing down the gage to the A.M.A., it must be said that the latter was not slow to take it up.

It was the eve of the A.M.A. Convention at Cleveland. The stage was all set to turn thumbs down on the whole principle of health insurance. In fact, in the orderly sequence of things, it was planned that health insurance would be discussed at a regular session on Tuesday, June 12, at which time the Board of Trustees expected to present a formal report condemning it.

As things turned out, the House of Delegates of the A.M.A., 175 strong, went into an agitated huddle over the matter of health insurance on June 11, the first day of the convention, instead.

This action was precipitated by the fact that the day before, the American College of Surgeons, at Chicago, had come out with a public statement favoring periodic pre-payment plans for meeting the costs of medical care.

One of the first considerations of the House of Delegates was, therefore, the framing of a resolution severely reprimanding the

College which, anticipating the A.M.A.'s stand on the question of insurance, had jumped the gun and presumed to speak for the medical profession at large.

Of course, it may have been a mere coincidence which accounted for the appearance of the College of Surgeons' dictum on the day before the scheduled opening of the A.M.A. convention. Still, you would have had a hard time selling that idea in Cleveland on June 11!

At all events, the House of Delegates felt called upon to squelch the College of Surgeons before considering its own pre-arranged action with respect to health insurance. Just what was the statement to which the A.M.A. took such vehement exception?

The report of the Medical Service Board of the A.C.S., without proposing any specific system, laid down principles to be observed in the development and conduct of pre-payment plans for medical and hospital service. Those particular sections of the report which aroused the A.M.A.'s ire read as follows:

"The Medical Service Board of the American College of Surgeons recognizes that the periodic pre-payment plan providing for the

cost of medical care of illness and injury of individuals and of families of moderate means offers a reasonable expectation of providing them with more effective methods of securing adequate medical service.

"A number of different plans for the organization of such services have been proposed, although few have been in operation long enough to permit definite conclusion in regard to their success. It is to be desired that these experiments be continued..."

"The American College of Surgeons believes that certain general principles can and should be established, the observance of which will tend to obviate known difficulties and dangers which may threaten the success of these special forms of medical service. These principles are as follows:

- (a) Periodic pre-payment plans for medical service should be free from the intervention of commercial intermediary organizations operating for profit. After deduction of the clerical costs of operation of the fund and such accumulation of reserve as may be advisable in the interest of the contributors or may be legally imposed, the full amount paid by the contributors should be available for medical and hospital services.
- (b) In the interest of the patient, the organization of plans for the periodic payment of medical and hospital costs must be under the control of the medical profession. The medical profession must act in concert with the hospitals and such other allied services as may be involved in the individual project, together with a group of citizens representative of the whole community and of industry who are interested in the successful operation of the plan.
- (c) The provision of free choice of physician and hospital by the patient must be assured to the end that the responsibility of the individual physician to the individual patient shall always be maintained. When hospitalization is required, this choice must of necessity be limited to the physicians and surgeons who hold appointments on the staffs of the hospitals participating in the plan or to those physicians and surgeons who are acceptable to the hospital. It is further recommended that only approved hospitals be admitted to participation in such a plan.
- (d) The compensation of the physician and of the hospital should be esti-

mated with due regard to the resources available in the periodic payment fund and should be based upon the specific services rendered.

- (e) The organization and operation of any plan of this type must be free from any features not in accordance with the code of ethics of the medical profession which code has been established for the protection of the patient.
- (f) The medical organization participating in such a plan must assume the responsibility for the quality of service rendered."

Having reprimanded the A.C.S. for its stand in the matter of health insurance, the A.M.A. proceeded on June 12 to brush aside the whole idea by the simple but effective expedient of adopting this counter set of principles for medical practice—principles which, if lived up to on the part of the profession, would make impossible any social experiments of the kind in question:

- (1) All features of medical service in any method of medical practice should be under the control of the medical profession. No other body or individual is legally or educationally equipped to exercise such control.
- (2) No third party must be permitted to come between the patient and his physician in any medical relation. All responsibility for the character of medical service must be borne by the profession.
- (3) Patients must have absolute freedom to choose a legally qualified doctor of medicine, who will serve them from among all those qualified to practice and who are willing to give service.
- (4) The method of giving the service must retain a permanent, confidential relation between the patient and a "family physician." This relation must be the fundamental and dominating feature of any system.
- (5) All medical phases of all institutions involved in the medical service should be under professional control, it being understood that hospital service and medical service should be considered separately. These institutions are but expansions of the equipment of the physician. He is the only one whom laws of all nations recognize as competent to use them in the delivery of service. The medical profession alone can determine the adequacy and character of such institutions. Their value depends on their operation according to medical standards.
- (6) However, the cost of medical service

[Continued on page 75]

Don't Shoot the Public Health Officer!

HE'S YOUR ALLY—NOT YOUR ENEMY

By James A. Tobey, Dr. P.H.

THE health department acts as ethical press agent for the medical profession. Through its properly directed efforts it can do more to increase the practice and prestige of individual physicians than can any other instrumentality.

Here is a specific example:

A few years ago a leading state health department inaugurated an intensive drive against cancer, urging by means of all sorts of effective publicity the need of early diagnosis and the prompt treatment of malignant conditions. Although there were seventeen clinics in the state a check-up showed that many more persons who had been impressed by this campaign had gone to their doctors' private offices than to the clinics, even in the cities where the clinics were located.¹

Another example is the result of the campaign against diphtheria. Local health authorities are constantly advocating immunization of all pre-school and school children. At first glance, such an activity might appear to remove one more source of income from the private practitioner. Health departments are, however, sending all patients able to pay to their physicians for this desirable service. Aside from the humanitarian aspects

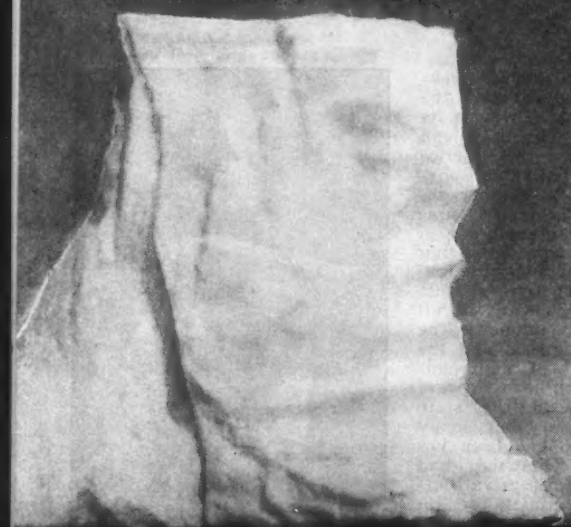


involved, it is more profitable for the doctor to prevent diphtheria in ninety per cent of his practice than to treat it in ten per cent.

The son of a country physician, then a student in medical school, once complained to his father that his preceptors were unable to show him a case of typhoid fever, the reason being

[Continued on page 117]

¹Tobey, J. A.: Cancer. What Everyone Should Know About It. Knopf. 1932.



Scalpel-Wielding In Labrador

By R. BRINDZE

EXCEPT in one respect, Labrador is a doctor's summer paradise. Climatically it is perfect. Icebergs and winds from the North Pole keep the temperature down. Clinically it offers a rich and interesting field.

Only financially is it deficient. For the Eskimos, the Livyeres, the Indians, and the fishermen who come from Newfoundland cannot pay doctor bills.

Yet this is the country that doctors have, paradoxically, made their own. Nominally governed from the capital of Newfoundland, it is actually ruled by the Grenfell Medical Mission. On the

Cold facts about the work of the Grenfell Mission in Labrador:

Last year alone, 14,000 patients were treated in hospitals, hospital ships, and nursing stations. More than 500 children were cared for in schools and orphanages. And about 2,500 women, convalescents, and disabled men and boys were given employment through the industrial department.

The photograph at the left, taken by Nelson Rockefeller, shows the Mission's hospital ship Maraval near an iceberg.

Labrador, doctors are head men and nurses are vice-presidents.

And the doctors are doing a first rate job. Forty-three years ago, Sir Wilfred Grenfell made his first voyage to the Labrador. His plan was to work among the crews of the schooners fishing off the coast. But so efficacious were his treatments that soon the Livyeres, (so called because they live on the Labrador all year 'round) asked him to prescribe for their sick.

There was more work to do than any one man could handle. There still is need for more medical service than can be rendered. For faulty diet, unhealthy living conditions, and ignorance have made the Livyeres the most unhealthy of white men.

Dr. Grenfell (the knighthood came later) was appalled. Conditions were incomparably worse than in the slums of English cities where he had already worked. When he sailed back to England, just before ice locked the Labrador from the rest of the world, he had promised to return.

The following summer, a small hospital was built at Battle Harbor; and, using this as headquarters, Dr. Grenfell continued his work with the crews of the fishing schooners. At the hospital he treated the Livyeres, the Indians, and the Eskimos of the coast. Assistants who had come over on the second voyage enabled Dr. Grenfell to make short trips along the coast to bring the magic of modern medicine into hamlets where all healing had previously been done by seventh sons of

seventh sons.

Today, the Grenfell Mission has four hospitals, seven nursing stations, four hospital ships, an orphanage, four schools, three agricultural stations and fourteen industrial centers. Its year-round staff numbers 61, including physicians, dentists, nurses, teachers, and social workers. There is also a group of 100 volunteers which sails for the Labrador each year as soon as the ice is out of the harbors, and leaves before the ice closes in.

The majority of the summer

group are signed on as "wops," or manual workers who do everything from sailing the hospital ships to digging ditches. A small group, either medical students or young graduates, are assigned to the hospitals or to serve as the doctor's assistants. The big hospital at St. Anthony (75 beds) and the smaller hospitals at North West River, Harrington Harbor, and St. Mary's River are all approved institutions, and every year there are more applicants for summer jobs by medical students than can be accepted.



Picturesque country, but a hard one from which to gain a living.

Right—Dr. Grenfell treating a young Livyere boy.



Below—S. S. Strathcona II, the hospital ship on which Dr. Grenfell traveled hundreds of thousands of miles along the Labrador coast.



Shorter trips to the Labrador are made by specialists and practicing physicians. One eye, ear, and nose specialist of Cincinnati regularly takes a busman's holiday and heads north for the Labrador at vacation-time. The trip can be made either in one of the Mission's boats or by a commercial steamship line that cruises along the Newfoundland and Labrador coasts.

The busiest time of the year in the Grenfell country starts in June, immediately after the ice has melted in the harbors. There

are only two modes of travel on the Labrador, by boat and dog team. The trip by water is infinitely easier; and, whenever possible, patients who require operations or hospitalization wait until they can travel by water. All patients arriving by the first boat must be examined immediately so that they can receive proper treatment and, if possible, go home again on the boat's return trip.

Hospitals and nursing stations are strategically located to serve

[Continued on page 97]

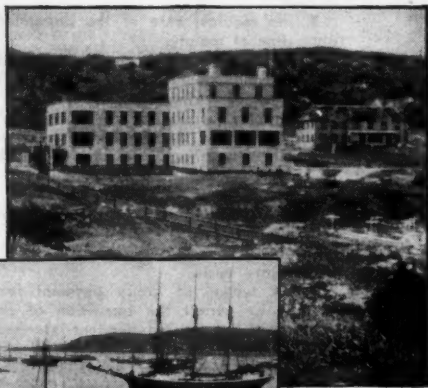


Unloading the last supply ship of the year.



Part Indian, part Eskimo, a native of Labrador.

Below—A typical fishing village.



The hospital at St. Anthony.



Shall We Submit



"There is a ferment at work in American medicine," writes I. S. Falk, Ph.D., research associate, Milbank Memorial Fund, in the April issue of that foundation's Quarterly. "There is a vast unrest; physicians, dentists, nurses, hospital administrators, pharmacists, and others are conscious of a national uncertainty in the future of medical organizations..."

"It is a common belief that, in respect to organization and social relations, medicine is at a crossroads and has not yet found the signpost... A study of experience suggests that, whatever the near future holds, sound planning must rest upon the following basic principles:

1. The provision of good medical care to all the population is essential to the nation's well-being.

2. The costs of medical care should be distributed over groups of people and over periods of time, whether through taxation, insurance, or combinations of the two.

3. Those who render medical care should be adequately remunerated.

4. Quality in medical care should not be sacrificed to economy in cost.

5. The medical care of the dependent and indigent sick is an obligation of society.

6. Group payment of medical costs should be restricted to this purpose and should not be combined with insurance against the loss of wages during a period of illness.

7. Group payment of medical costs should embrace all economic groups in the population to whom the private purchase of medical care brings variable costs which are burdensome and which are incapable of being budgeted on an individual or family basis.

8. The costs of medical care must be distributed according to ability to pay.

9. Group payment of medical costs should be grounded on a compulsory basis.

10. A system of group payment for medical care should not include or permit the operation of proprietary or profit-making agencies or of any independent intermediary between the potential patient and the medical agencies.

In the accompanying article, Dr. Bassler, for many years a prominent New York City internist, and Dr. Connors, his associate, collaborate in a critical rejoinder to what, they insist, is after all the presentation of a laymen's program for medicine.

to Lay Control?

By ANTHONY BASSLER, M.D. and
RAYMOND J. CONNORS, M.D.

MEDICINE has changed a lot in recent years.

Not least among the changes now apparent is the disquieting degree to which lay control of medicine is being sought in this country and elsewhere.

The public of the United States spends more per year (on each individual item) for cigarettes, cosmetics, and moving pictures than for professional services of doctors. Yet this same public insists on medical service that it can not afford.

Hospitals, insurance companies, municipalities and other governmental units, as well as public health agencies, practice medicine. Doctors do not organize and use lobbies to protect their interests. Doctors, we are told, are poor business men.

Because of these facts, certain organizations of laymen feel that they must take a hand in the situation. As a profession, we must be put in harness because these groups have come to the conclusion that, unaided, we can not guide the destinies of medicine along acceptable lines.

The rules of the game, the principles of thought and action—all these are carefully laid out for us, the broad inference being that we are either too unscrupulous, too heedless, or too incompetent to do this for ourselves.

Thus I. S. Falk, Ph.D., of the Milbank Memorial Fund goes so far as to set down categorically, the principles by which medicine of the future shall be governed.

Without committing ourselves to a thorough discussion of all of them, we should like to make a few general and perhaps pertinent comments on this layman's platform for medicine.

As for his first statement relating to good medical care, we agree that there is no question about its being essential to the nation's welfare. Good medical care for all the people? Of course—but who is going to define it, except medical men themselves, through their professional organizations?

We feel that the people of this country are at present getting a high quality of medical care at legitimate medical hands. Any implication that this is not so is an injustice to a profession that, traditionally, has always given the public its best—whether the service was paid for or not.

However, the average patient should be made to realize that he has no right to pass by his neighborhood physician who charges moderate fees and gives good service to go to a specialist whose fees, he knows beforehand, are too high for him to pay. People buy their clothing and other things according to their means. Why not medical services?

If the neighborhood physician feels that a patient needs more than he can give, he will certainly make arrangements for him to have the best at a cost he can meet. It is done every day. Only a small percentage of cases really need a specialist's attention.

Let us look next at Dr. Falk's

[Continued on page 91]

Practice Behind Prison

ONE thing is certain about medical practice in a prison: There are always plenty of patients.

At Sing Sing, for example, with an average population of 2,600 convicts, anywhere from 100 to 150 men appear each morning for sick call.

Whereas in civilian life it is not uncommon for a man who is ill to continue working because he can not afford to do otherwise, conditions in prison are radically different. Here the inmate has nothing to lose by a stay in the hospital; in fact, he has everything to gain: better food, freer companionship, and, above all, surcease from work.

Back in the old days this was not so. In the spring of 1825, for instance, when Captain Elam Lynds brought to Sing Sing by canal boat and freight steamer its first contingent of heavily-shackled convicts, the prison had no hospital at all. Lynds took care of any sickness that occurred; and if anybody didn't like his treatment, he could do without it.

Three years later work was begun on a two-story building which was destined to serve during the entire century following as a combined kitchen and infirmary!

The first physician appointed to the prison was Dr. A. K. Hoffman, father of one of New York State's early governors. His duties consisted of a daily visit to the infirmary, for which he was paid the soul-satisfying salary of \$300 a year.

Since those early days when Sing Sing was still known ironically as the Mount Pleasant Prison, the institution has vastly improved its medical facilities. At the present time it has within its walls a fully modern, four-story brick building, housing all the various departments which contribute toward the prison's health services.

Until the opening of Sing Sing's new A.C.S.-approved hospital in 1928, major surgery within the institution was confined largely to genito-urinary work, emergency appendectomies, occasional gall bladders, and stab wounds. Minor surgical operations, as a rule for the correction of acute conditions which interfered with the convict's ability to do his assigned task in the shop or at the rock pile, were far more numerous and frequent.

In recent years the hospital's surgical and medical activities have been influenced in no small measure by the belief that physical defects and handicaps are



Walls

By CHARLES C.
SWEET, M.D.

Chief Physician
Sing Sing Prison
Ossining, New York

frequently responsible in part at least for serious mental quirks discovered in inmates. Our efforts are directed, therefore, along the lines of rehabilitation, in the hope that when these afflicted individuals leave the institution they will be in condition to render far better service to themselves and to society than when they were admitted.

As humane treatment for convicted men has replaced brutality, and as well-ventilated, well-lighted cells have replaced the damp and dismal cages in which prisoners were formerly kept, so the modern hospital unit of the new Sing Sing Prison has replaced the antiquated, insanitary infirmary connected with the old Mount Pleasant kitchen.

For every inmate nowadays we maintain a complete health record. At the time he is admitted he undergoes a thorough physical examination, including a blood test and eye examination, as well as mental and psychological examinations within a week after admittance.

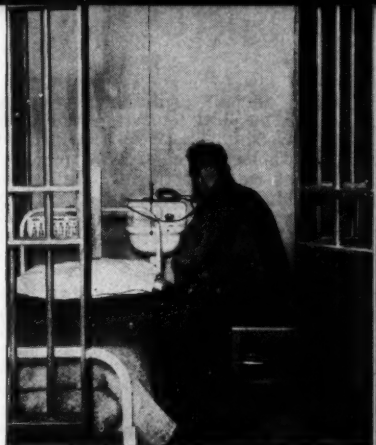
Thanks not only to the medical care that they receive but to the enforced regularity of their lives as regards exercise, eating, and hours of sleep, most prisoners im-

prove remarkably in health within two or three months after coming here.

Our low hospital mortality rate, which amounts to about four tenths of one per cent, is explained in part by the fact that all patients come under our observation at an early stage of their disease, before devastating forces have had time to weaken their resistance seriously. Then, too, follow-up records after surgical procedure are more easily obtained here than in the usual hospital.

The layout of Sing Sing Prison hospital was arranged for the utmost efficiency. On the first floor are located the admission office; laboratory; X-ray room; eye clinic; ear, nose, and throat clinic; examination room; doctors' offices; pharmacy; record room; basal metabolism room; and dentist's office. The entire second floor is devoted to the important work of the psychiatric department.

The third floor is given over to medical and surgical wards and to isolation rooms for cases of venereal disease and for emergency contagion. The fourth floor comprises a surgical ward, a sterilizing room, a cystoscopic room, two scrub rooms, and two operating rooms. [Turn the page]



The paid civilian personnel of the hospital consists of the chief physician, assistant physician, pathologist, chief of the psychiatric department, two assistant psychiatrists, two psychologists, pharmacist, dentist, two technicians, secretary, record clerk, general duty nurse, and operating room nurse.

The civilian courtesy staff comprises an anesthetist, a genitourinary surgeon, assistant genitourinary surgeon, two assistant general surgeons, ophthalmologist, optometrist, and oto-rhinologist.

Besides all these, the hospital has an inmate personnel as follows: an artist, three general duty clinic attendants, one isolation ward nurse (a patient), three medical ward nurses, operating room sponge and sterilizing nurse, operating room and general hospital nurse, optician, three surgical ward nurses, X-ray technician, dentist, record clerk, and two secretaries.

The inmate hospital assistants are chosen on the basis of their

conduct since admittance to the institution, their education and previous experience, plus their personality. The majority of them are highly interested in the work they are called upon to do, and give good, faithful service, for which they are compensated by the State of New York at the rate of five cents per day.

Of the inmate personnel I want to comment particularly upon one, the artist. This man, a negro and a lifer, is present at every operation. At a point where the pathological feature of the case is most clearly revealed, the operation is halted for a few seconds while he makes a pencil sketch and gets an accurate mental image of that field. Afterwards, in his office the final touches are put to the picture, and the completed pen drawing is filed with the patient's chart. These picture records, in color, are not only interesting but extremely valuable as part of our surgical records.

Whenever it is necessary to do

[Continued on page 87]



One of Sing Sing's two modern operating rooms.

Star-Spangled



DR. CUMMING

Medicine

HUGH S. CUMMING, M.D.

Surgeon General, U. S.
Public Health Service

AS the young medical man doffs his interne's uniform and steps out to carve himself a career, his confident exterior more than likely belies a certain amount of inward and well-justified uncertainty as to how he will tackle the job. What line of medical activity will he select for his life's work? How is he going to get himself established?

Not infrequently he dreams of an active private practice, large consultation fees, and a busy life of usefulness—only to find the struggle for existence soon becoming so hard that his dream fades against the stern necessity of providing a living for himself and his dependents. Or, having been fortunate enough to discover a niche in some community where he can make a living, he may soon begin to weary of the restrictions placed on his freedom, his subservience to routine, or his inability to travel and broaden his acquaintance.

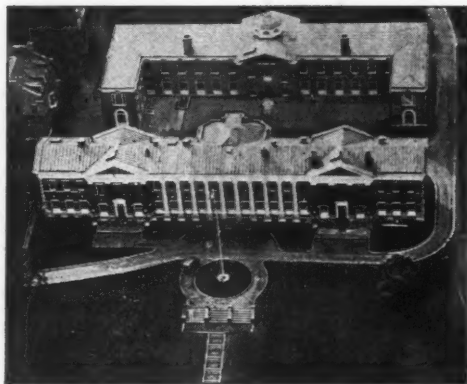
If this be the case he need not feel that the door of opportunity has been closed to him. He still has several alternatives, one of which lies in the direction of government service.

Uncle Sam offers the young practitioner a choice of three careers: the United States Public Health Service, the Medical Corps of the Army, and the Medical Corps of the Navy. Each of these has its special advantages, and in any one of them the physician of good basic training may make a success if he possesses the ability and willingness to work hard.

This article deals only with a career in the Public Health Service.

The right to be recommended for a commission as medical officer in the United States Public Health Service is determined by examination before a board of medical officers. In order to appear for this examination candidates must be invited by the surgeon general of the Service.

To secure this invitation the candidate fills out a blank stating his name, age, place and date of birth, his marital condition, the college from which he graduated, and his height and weight. He must also certify that he is free from any ailment which would disqualify him for service in any climate. The application must be accompanied by at least two



Left—The National Institute of Health of the U. S. Public Health Service, world-famous research institution.

Below — Field investigations of malaria. Dipping for mosquito larvae.

recommendations as to his character and professional ability.

Examinations, held in various parts of the United States from time to time, consist of a thorough physical check-up, an oral test in the various branches of general education, and a written quiz in the following divisions of medicine: anatomy, physiology, chemistry, materia medica and therapeutics, practice of medicine, practice of surgery, obstetrics and diseases of women, hygiene, pathology, and bacteriology.

A clinical examination is also given, in which two medical and two surgical cases are examined by the candidate. Their histories

are written, diagnoses are made, and treatment is outlined.

Candidates are required to make a general average of 80 per cent in each examination. In case of failure to pass, an opportunity may be given for reexamination after the expiration of one year.

No applicant is eligible to appear before a board of examiners for appointment whose age is less than 23 or more than 32. Original appointments are made in the grade of assistant surgeon, which corresponds to that of first lieutenant in the medical corps of the Army.

Only in exceptional instances



Right—Muster of immigrants for inspection by medical officers of the U. S. Public Health Service.

Below—A marine hospital ambulance meeting a ship at dock.



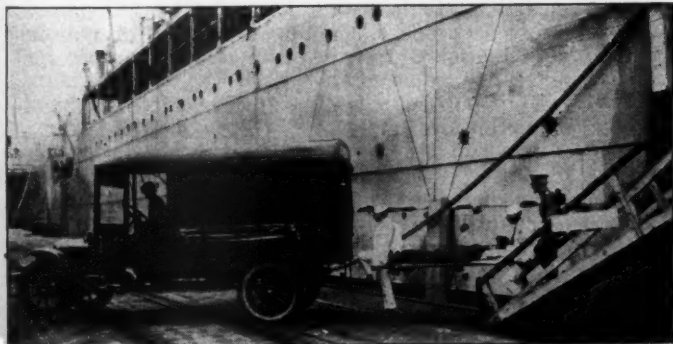
may original appointments be made to the next higher grade (passed assistant surgeon); and the candidate must then have had specialized training and experience prescribed by regulation. Appointments are made to fill vacancies as they occur, selection being determined by relative standing on the merit roll reported by the board of examiners.

Candidates who have passed the tests of the National Board of Medical Examiners need not take the written quiz required for appointment to the grade of assistant surgeon. They must appear, however, before the board of medical examiners for a physical

examination and for the other tests prescribed. No allowance is made for expenses of candidates appearing for examination.

Upon appointment, assistant surgeons are usually detailed for duty at a hospital station. During the first few years of service they may be assigned successively to a marine hospital, to a quarantine station, to an immigration station, to the National Institute of Health, and to field public health work. The length of duty at a particular station depends upon previous training, public exigency, and often the predilection of the officer for a partic-

[Continued on page 123]



THE THREAT

POLITICS and state medicine are as inseparable as a dog and his shadow. One presupposes the other.

Since the final report of the Committee on the Costs of Medical Care made its appearance, recommending, in effect, the adoption of state medicine, we have been deluged by a welter of words on the subject.

Among them no utterance has proved more conclusive or more incontrovertible than that of the dissenting minority group:

"There is nothing in experience to show that it [state medicine] is a workable scheme, or that it would not contain evils of its own which would be worse than those it is supposed to alleviate. Above all, there is no evidence to prove that it would accomplish what ought to be the first object of this committee, the lessening of the costs of medical care."

"Evils of its own," this statement suggests . . . And what greater evil than *politics*, with its unlovely brood: graft, incompetence, stupidity, intimidation, and suppression of individual enterprise?

Tax funds and state financial aid are suggested as a means of supporting a socialized régime in medicine. Medical committees to direct the work, it is also proposed, might be "elected by popular vote like school boards, or appointed by municipal or county officials."

Thus politics rears its ugly head in state medicine from the very start.

The evils in the situation are not intangible, half-guessed-at possibilities. They can be definitely predicted and named. The names are not nice, of course. For when politics comes in the door, common decency and honesty fly out the window.

An idea of what would happen if medical men were regimented under state control was brought out in MEDICAL ECONOMICS earlier this year by

OF POLITICS

Victor R. Small, M.D. in an article, "Asylum Doctor."

Certain aspects of institutional service appealed strongly to this author. He had even considered making it his life's work. One thing—politics—kept him from doing so.

Said he:

"I saw physicians, good ones, who had been in the service as long as fifteen or twenty years, discharged without explanation or ceremony because of some slight difference or misunderstanding that arose between them and the powers that controlled.

"The public knows no such word as gratitude. Then, too, state institutions, being as their name implies, instruments of the state, are in the hands of politicians. Shameful it is, but true.

"I served on the staffs of two state hospitals. One was openly and frankly under political control, while the other had supposedly been divorced from politics and placed under a civil service system. Yet in the matter of political interference there was no difference."

•

If this sort of thing can take place in a miniature system of state medicine, try to imagine the possibilities under a medical super-bureaucracy demanding more from the taxpayer than does our present school system, or even the army and navy!

Think of the lot of the ethical practitioner caught outside the political pale, and treated therefore as a quack. Think of the health of the public being dependent upon staying in the good graces of the ruling political boss.

We already have enough of politics—enough and to spare.

We have it in business, in our educational system, in public affairs, and elsewhere.

Let's keep politics out of medicine!

H Sheridan Oskatel

"Right this Way,

A GOOD workman knows the tools of his trade or calling. The truth of this is so generally accepted as to be axiomatic.

If, then, a knowledge of the instruments, devices, and equipment on which depend the skill of hand and brain is important in any line of endeavor, in the practice of medicine, surely, it must be essential.

Are you acquainted, definitely and intimately, with most of the latest and best aids which modern science and manufacturing have made available for use in your own practice? Within reasonable limits, you should be conversant with today's instrumentalities for today's new technics and procedures. It's your duty—not only to your clientele, but to yourself.

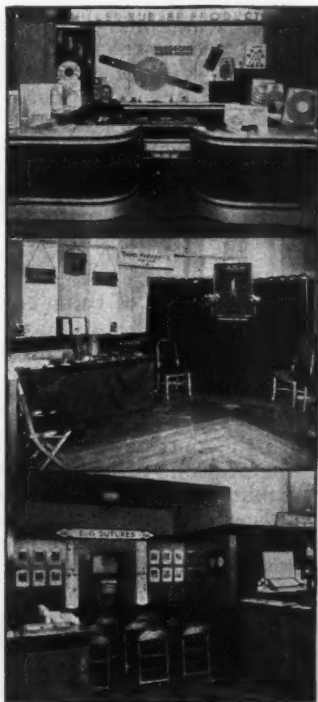
In this connection, what finer opportunity for self-education could the practitioner ask for than is offered him through the commercial exhibits at the various medical conventions, national, sectional, and state? Indicative of their value is the fact that manufacturers spend almost *three quarters of a million dollars each year to provide these commercial medical exhibits for you*. This figure is not merely a wild guess. It is the result of a survey just completed at the request of MEDICAL ECONOMICS by the Medical Exhibitors Association.

In order to arrive at an accurate estimate of just how much time and money is spent by medical exhibitors, as well as to get a frank statement from them as to their motives in exhibiting, the questionnaire shown on page 30 was sent out a short while ago to the Association's entire membership of 62, as well as to a number of other non-member exhibitors. Replies were received from 45, and it is on the basis of the returns from this number that

the figures which follow were computed.

In estimating the totals, we assumed, and I believe we were safe in doing so, that there are 150 concerns which regularly exhibit at medical conventions.

We also considered it reasonable to conclude that the figures for the 45 concerns which answered the questionnaire hold good on an average for the entire 150. For example, our 45 questionnaire returners attended some 372 conventions, on an average of 8.3 meetings apiece. We



Doctor''

By J. HARRY WHITE, President
Medical Exhibitors Association

proceeded, therefore, on the assumption that each of the 150 concerns exhibits eight times during the year.

What do they spend for exhibit space alone? According to the 45 reports submitted, they spend an average of \$1,276 each, or \$148 per exhibit for each of the eight meetings of the year. Multiplying \$1,276 by 150, we find that, all told, American medical exhibitors spend *for exhibit space alone* a total of \$191,400 annually.

For materials and equipment used in making their display booths attractive and inviting, the 45 firms expend an average of \$967 per year, or \$112 per firm for each of the eight exhi-

bits. On this item of expense, the annual total for all 150 exhibitors is estimated, therefore, at \$967 x 150, or \$145,050.

When a concern has paid for its exhibit space and for setting up its booth, it is far from having finished its job financially. There is still the very considerable item of traveling expenses and salaries for the representatives in attendance at the convention.

Although, wherever possible, exhibitors try to have their booths in charge of their representatives in the territories in which the conventions are being held, it is often necessary to send other men from the home office. This naturally means a good deal of added expense. In fact, the expenses and salaries of those conducting the exhibits constitute by far the greatest cash outlay in connection with commercial exhibiting.

To refer to our 45 questionnaire answerers once more; their figures show that they spend for traveling expenses and salaries of their exhibit representatives, an average of \$2,513 per concern



**MEDICAL EXHIBITORS
ASSOCIATION
Danbury, Conn.**

Questionnaire to Members

It is understood that the information given below will be held in strictest confidence.

1. Average number of meetings attended per year.....
2. Estimated amount expended per year for exhibit space.....
3. Estimated amount expended per year for exhibit material and equipment
4. Estimated amount expended per year for salaries and traveling expenses chargeable directly to commercial exhibits
5. What is your primary reason for putting on commercial exhibits?
 - (a) To sell merchandise?.....
 - (b) As part of your advertising program?
 - (c) Purely for educational purposes?

Remarks

Date

Signed

each year, or \$262 per meeting. Multiplying \$2,513 by 150, we discover that medical exhibitors spend \$376,950 per year—for what? To send their personal representatives to medical conventions to be at *your* service, to explain to you whatever you may want to know about their particular products.

Add these three totals, and you get a grand total of \$713,400—upwards of three quarters of a million dollars invested *not* to sell goods to you directly, but simply for an opportunity to tell you about what is available for use in your practice.

The survey described brings out one significant point clearly: The manufacturers are engaged primarily in *exhibiting*, not *selling*. We are inclined to believe that the reason why some physicians refrain from visiting com-

mercial or technical exhibits held in connection with medical conventions is that they feel they are going to be under obligation to buy. This feeling has little basis in fact.

True, in years gone by, there was a certain amount of high-pressure selling on the part of some medical exhibitors. But of late there has been strong opposition to this tendency from the majority of exhibitors who, in every possible way, try to stress the educational value of their displays rather than to sell goods.

As a matter of fact, few exhibitors *expect* to do any selling at conventions nowadays. Immediate results are not looked for, except in isolated instances. The aggravatingly insistent gentry who indulge in hot and heavy salesmanship are being effectively squelched by the others who do not care to have the real educational function of their exhibits marred.

This fact, too, is brought out clearly by our survey.

The figures show that among medical exhibitors not one in ten goes to meetings for the express purpose of selling merchandise. In most cases exhibitors consider the education of possible *future* buyers as their only purpose in attending a medical assembly. Some go as far as to refuse to fill orders, although many exhibitors, while refraining from any *effort* to sell will, naturally enough, accept *bona fide* orders for their products.

Just how the majority of exhibitors feel about this matter is best seen, I think, in a number of the remarks to be found on the returned questionnaires. One concern comments as follows: "We do not expect to sell much equipment as a result of exhibiting at these conventions. We are interested primarily in having the physicians and hospital authori-

[Continued on page 85]

They Meet to Sleep

By HAROLD HAYS, M.D.

WHAT'S wrong with our medical society meetings today? In trying to answer this question, I am reminded of the old story about Mark Twain who, it seems, went to Germany years ago to do research work.

Not having any particular problem in mind with which to busy himself, he decided to study ants, particularly to see if they had any religious tendencies.

He conceived the idea of erecting three little toy churches—one a Roman Catholic church, another a Presbyterian church, and the third a synagogue. His first idea was to find out where ants would go to church and, if so, why they would choose a particular denomination.

That there must be some decidedly attractive element present to induce an ant to go to church seemed self-evident. So he put a little honey in the Roman Catholic church and left it out of the other two. All the ants then went to the Catholic church.

He next tried the same experi-

ment with the Presbyterian church and all the ants became Presbyterians. Finally he put the honey in the synagogue, whereupon all the ants became Jews.

His final conclusion was that as far as religion is concerned, ants do have intelligence after all.

There are two points to this yarn. The first is that in order to make a medical meeting successful and interesting, it must be flavored with honey. The second is that medical men will prove that they have intelligence after all if you will only supply them with stimulating and interesting programs.

I believe I have summed up the main trouble with medical society meetings by telling this story; but, for the purpose of this article, I must go a few steps further.

Medical societies as they exist in the United States today are divided into a number of classes. Some of them serve a specific purpose; some serve no purpose at all.

[Turn the page]

... Keeping members awake at medical meetings is not the smallest job confronting our societies today. Dr. Hays writes a prescription guaranteed to provoke insomnia.



Briefly, it may be stated that two distinct classes of them have definite aims and really deserve to exist. The first worthy type of medical society is that which devotes its entire time to the discussion of ultra-scientific and research problems by men who know what they are talking about. Much of the dissertation at such meetings is based on cut-and-dried scientific facts which have been arrived at through research work over a period of months and sometimes years.

Anyone unacquainted with the subjects under discussion would find them uninteresting and far above his head. But such societies must exist, for they stimulate the minds of research workers; and the papers read at these meetings take their place in the archives of research literature from which they are brought to light whenever some other worker in the same field desires to investigate the subject.

The second type of society is that which deals with interesting medical subjects that are presented to a homogenous group of doctors whose average intelligence can not be measured by any mental coefficient. The men who attend the meetings of such a society are the hard workers, the drones in medicine, who go to their local medical gatherings as a matter of duty or because they wish to steep themselves in a medical atmosphere or because they feel that it may be possible to pick up one or two points which may prove of value in their practices.

Meetings of this kind can be made successful or can result in absolute failure, depending upon the program that is presented, the men who deliver the papers, and the orderliness with which the meeting is conducted.

Besides the worthwhile medical societies, as already pointed out, there are a hundred and one other types which have absolutely no right to exist.

I recall the organization some

years ago of a medical society which was brought into existence simply because a certain physician could not make himself prominent in any of the other societies to which he belonged. He gathered a group of doctor friends around him and started his own pet society. Each month these men would go to a meeting hall, sometimes at nine, sometimes at ten o'clock at night, and would drool an endless amount of piffle. None of it was of particular interest to anybody, but it usually continued until one or two o'clock in the morning, when, finally, the group would sit down to an indigestible meal.

The doctor in question had himself elected president of this organization, and for some reason or other, mainly through his own insistence, continued to be president for nearly ten years. Everybody who belonged to it was bored to death but most of them stuck together because they liked each other. Eventually, however, the realization came that there was no excuse for the existence of the society; so it terminated as a scientific body.

Some time later a few of the old survivors reorganized the group as a dinner club which began to meet three or four times a year and at which it was agreed that no scientific problems would be presented. Instead, the men were entertained by explorers, navigators, political speakers, economists, and so on. After twenty years, this group is stronger than ever. Its members now realize fully how necessary it is for medical men to be able to get together on a friendly, non-scientific basis and talk informally about those things with which they are most truly concerned.

The value of social organizations for doctors has been demonstrated beyond question in those cities where such groups have sprung up. Medical men get to know one another in an entirely

CONGESTIVE LEUCORRHEA OF PREGNANCY
 LEUCORRHEA DUE TO THRUSH ORGANISM (in children, and
 in Senile Vaginitis)
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different sort of way when they join such a gathering. They forget their petty jealousies and rancors, and, much to their surprise, they often find out that the other fellow is much more of a good scout than they ever thought he could be.

A typical example of good-fellowship among physicians may be found in the various medical golfing associations throughout the country. Doctors are great playboys if you get them away from their work; and often the best as well as the worst of a man may be found out during his play hours.

The question often comes up of how to make medical meetings more interesting. Let's try to find the answer.

To begin with, we should eliminate from our discussion the various imperative medical societies which exist because of a mandatory ruling of a national organization such as the American College of Surgeons. The College insists upon a clinical program at least once a month as a part of the requirement of any hospital which is recognized by the College. So far so good. But when the object of the hospital is to stick to requirements and put forth no effort to make the program interesting, the majority of men attending the sessions are bored to death.

At one hospital with which I am connected a clinical program which meets the requirements of the College is given each month, but a particular effort is made to make these programs interesting. It is not sufficient for a speaker to stand up with a chart in front of him and reel off statistics. He is requested to prepare his clinical case in finished form, making it interesting enough to keep the listening men awake.

Equally important is the appointing of men to discuss the papers presented. Nothing tires

an audience more than to have the chairman ask if there is anybody who wishes to comment on a report. He should have one or two men on hand who he *knows* will gladly do so; and, if he wishes, he should call other men by name, particularly men who are interested in the subject under consideration.

The average medical man hates to see a laryngologist discuss an obstetrical case; and nothing is more offensive than to have a gynecologist attempt to discuss a brain lesion. Yet hardly a meeting goes by during which some endless bore does not get on his feet and discuss every case presented, no matter whether he knows anything about the subject or not.

I would like to feel that some concerted action is taken by every group of medical men who have formed themselves into a medical society. I do not refer to such associations as the American Medical Association where programs are carefully selected over the course of a year and where a man must submit a synopsis of his subject a month or two before reading his paper; rather do I have in mind the private medical societies. The officers and program committees of these groups should meet at regular intervals to decide ways and means of making the meetings genuinely interesting. Any society that is really serious-minded can do this. All it requires is a bit of application.

Even an august body such as the New York Academy of Medicine found out a few years ago that the meetings of the sections were not as well attended as they should be. Meetings were supposed to start at 8:30 and never got under way until well towards nine o'clock. Many of the programs were so overcrowded that it was impossible for men to have sufficient time to discuss any subject.

(Continued on page 133)



S.M.A. the antirachitic and antispasmodic breast milk adaptation

S. M. A. is a food for infants — derived from tuberculin tested cows' milk, the fat of which is replaced by animal and vegetable fats including biologically tested cod liver oil; with the addition of milk sugar, potassium chloride and salts; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrates and ash, in chemical constants of the fat and in physical properties.



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To each
measure of
S. M. A.

ADD

One ounce
of boiled
water

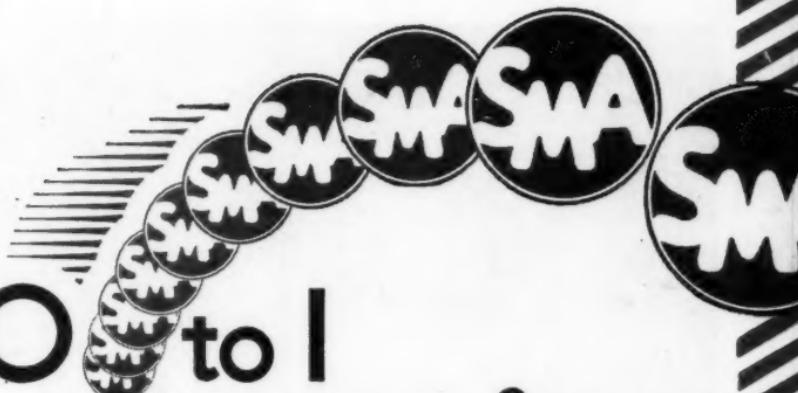


One fluid ounce
of S. M. A.
ready to feed.

SIMPLE TO PRESCRIBE SIMPLE TO PREPARE

S.M.A. is simple to prescribe. The physician is relieved of exacting detail because he has only to increase the amount of S.M.A. (as with breast milk) when in his judgment it becomes necessary.

S. M. A. is simple to prepare, so mothers are more likely to follow your instructions correctly—and they cannot forget to give the infant cod liver oil because every feeding of S.M.A. contains an adequate amount of it.



10 to 1
in **YOUR** favor

When you prescribe S.M.A. for a normal infant deprived of breast milk you do so with the assurance that the chances are 10 to 1 that the child will do unusually well on it.

S.M.A. produces excellent nutritional results in most cases, and produces these results more simply and more quickly; and there is a wealth of clinical evidence to back that claim.

Use S.M.A. in your own practice.
Send the postcard for free samples.



ONLY FRESH MILK

from tuberculin tested cows, from dairy farms that have fulfilled the sanitary requirements of the City of Cleveland Board of Health, is used as a basis for the production of S.M.A. In addition the milk must meet our own rigid standards of quality.

HOW LONG SHOULD AN INFANT BE CONTINUED ON S.M.A.?

S.M.A. was primarily developed for feeding infants from birth to twelve months of age. Years of practical experience by physicians have since shown, however, that S.M.A. may be continued in its concentrated form with consistently good results throughout early childhood.

Write for helpful booklet entitled "Diets for the Average Well Child from Twelve Months to Six Years of Age".





"Calling in a consultant without hesitation, when one is clearly needed, may have the advantage of preventing your discharge from a case."

Page the Consultant!

By DENNIS A. BETHEA, M.D.

YOU may drive along the paved highway of your practice for months without even so much as a jolt. But in the long run you can be almost certain of encountering washouts, detours, rocks, and holes.

In meeting these obstacles, you are perfectly at liberty to rely on your own efforts. In which case, if you don't land in a ditch or get lost, your route is bound to be unnecessarily difficult.

So why make a martyr of yourself?

After all, no physician has a "corner" on the science and art of medicine. Hence, no one can be expected to diagnose every case correctly or always give the most appropriate treatment.

Call in a fellow practitioner, then, to help you out whenever you find yourself stumped. To do this is not an admission of your inadequacy as a doctor of medicine. Quite the contrary, it is good common sense and good practice.

There is a tendency, unfortunately, for some physicians to go to the extreme in observing this suggestion. "I don't know what's the matter with you," they tell the patient. "If I can find another doctor who knows anything about your type of ailment, I'll call him in on the case." Naturally the effect of such a negative statement as this is simply to dispel any confidence the patient may have had in his physician and to augment the possibility of the case rapidly becoming worse.

How much more tactful and effective for the attending doctor to say: "Your case is a rather serious one, and it doesn't respond to treatment as well as I should like. I think it would be advisable, therefore, to call in another physician so that he and I may go over it together."

Make it a point always to impress the patient in such instances that his is an extraordi-

[Continued on page 99]

The Rationale of FARASTAN as an Anti-Rheumatic Agent



The clinical success of Farastan (Mono-Iodo-Cinchophen Compound) in the management of arthritic, neuritic and rheumatic conditions is based on the unique form in which the iodine is incorporated in the cinchophen molecule. This insures the combined effect of cinchophen and nascent iodine, and explains why Farastan relieves pain, helps to reduce swelling and increase motion, with an unusual freedom from undesirable side reactions.

*Write for literature and full size package
for clinical trial.*

The Laboratories of

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The Doctor and His Investments

By ARNOLD BERNHARD

THE outlook for business in July and early August is probably as bad as everybody thinks it is.

The steel and motor industries have been stocked to the point of defense against a general strike. Labor leaders, though, are advisedly postponing their show-down till a more strategic hour.

Serious price maladjustments frequently alluded to in these articles continue to aggravate the situation: Raw material prices still decline in relation to manufactured goods. The NRA, as a natural consequence, is in full retreat.

The shrinkage in public purchasing power resulting from these price discrepancies will probably force retail price reductions, to the advantage, at last, of harassed consumers who have had to stand by while the economy of the country underwent experimentation that had repeatedly been proved hopeless in the past.

Against such a background, darkened as it is by tariff and currency uncertainty, not a great deal can be expected of the stock market.

At the moment of writing, it rests at the 96 level of the Dow-Jones Industrial Average. A fair guess would place 102 as the upper limit of any rally that may develop between now and August. On the other hand, the 93 level, which was forecast last month as the probable low point of the previous downswing, ought also to remain unbroken.

The reasons for confidence in the market's ability to hold its own, at least, in the face of sum-



Pre-Natal Prophylaxis *against* **GONORRHEA**

THE tragic consequences of ophthalmia neonatorum are universally recognized. As a result, blindness in the new-born is being gradually but surely eliminated. But when it is known or suspected that one or both parents have gonorrhea, additional precautions must be taken to guard against the danger of ophthalmic infection in the infant.

As pre-natal prophylaxis where the man or the wife is known to have gonorrhea, tampons saturated with a 25 per cent solution of Argyrol are highly recommended by competent authority. The insertion of the tampon should be preceded by a cleansing irrigating douche of permanganate solution 1-1500.

Pre-natal Argyrol treatment is not intended as a substitute for the usual instillation in baby's eyes, but as a preparation for the passage of the infant through a parturient canal which has been freed from the destructive action of the gonococcus and other pathogenic organisms.

The lethal effect of Argyrol on the gonococcus is well known. But Argyrol has the additional advantage of being mild and non-irritating and therefore not liable to cause injury to the vaginal mucosa, like strong antiseptic chemicals. The obstetrician, solicitous of the welfare of mother and child, will find in this employment of Argyrol a most useful aid in preventing eye infection in the infant and tubal extension in the mother.

For the greater convenience and security of physicians, Argyrol is now also available in tablet form which insures accuracy, genuineness and saving of time when a solution is quickly desired in the office, at the bedside and in the operating room. Four tablets dissolved in one-half ounce of water make a 10 per cent solution in a few minutes; other strengths in proportion.

A. C. BARNES COMPANY
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Sole Manufacturers of Argyrol and Osoferrin

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mer reactions are, briefly, two-fold: First is the reasonably good prospect for better business in the fall. Second is the continuing threat of malignant inflation.

Better business this fall is a normal expectation, if only for seasonal reasons. The sharper the industrial reaction this summer, the more thoroughly will the supply-demand maladjustment be corrected.

If, during this same period, prices of manufacturers fall, goods will move in greater volume. And, in the last analysis, what our disordered economy needs is greater volume, not higher prices.

Higher prices follow naturally in the wake of sound recovery. But as a *cause* of recovery, higher prices have been proved utterly useless in every depression in every country that has ever left any kind of historical record.

In this connection, it seems that the political genius of peoples in all ages must invariably be warped by the delusion that the way out of an economic dilemma is to fiddle with prices and experiment with money. We today are apparently no wiser than the befuddled Romans under the mad Caesars.

On the other hand, if these desperate experiments be abandoned for a time there is the probability that our savings, plus what current income is left to us, plus long pent up needs for capital goods, will conspire to carry our industrial index up a good many notches during the crop-moving season this fall.

The drought, of course, is a major set-back. But it is too easy to generalize on the drought when considering business prospects. In the first place, the Southwest will have a better crop this year than last year or the year before last. Not only will it have a bigger crop, but it will receive higher prices for it.

The Northwest, especially the wheat belt, will have a much poorer crop. But the government has appropriated roughly half a billion dollars for relief of the stricken areas and this sum exceeds the total value of all grain crops raised in the United States in 1933. Therefore, the net result this fall should be an increase in farm purchasing power.

This increase probably will not help the manufacturers of farm implements, because farmers do not buy machinery when they are short of crops and most farm machinery is sold in the stricken Northwestern grain belt. Nevertheless, the ordinary investor would be well advised not to become bearish on stocks like International Harvester, which at 32 is selling for less than its working capital per share. The worst appears to have been more than discounted in the case of a number of similar securities.

Increased purchasing power on the farms will probably boost the volume of retail trade. But here, too, the investor should not become indiscriminately bullish on mail order houses and chain stores, because there is a possibility of lower prices and, perhaps again, inventory adjustments.

In addition to relief, there will be a renewal of other "pump-priming" measures, such as public works expenditures, direct loans to industries, and loans to house owners and prospective builders. We may fairly guess, since a test election is ahead, that the pump will be generously primed.

With a full correction this summer, the chances for a vigorous fall recovery, under normal seasonal and abnormal Governmental stimuli, are excellent. Therefore, stocks, looking forward to the autumn, are likely to show strength when reactions threaten the 93 level. Once the

[Continued on page 109]

The Model DRF Shock Proof X-ray Unit



An Ideal Apparatus for Office Practice

IF you could see the quality of radiographic work produced with the DRF Shock Proof X-Ray Unit, in all probability you'd be as surprised as many other physicians to realize the possibilities with this nominally priced equipment.

The explanation is simple enough: The special Coolidge tube used in the DRF Unit utilizes the Benson focus with an extremely small effective focus—the smallest ever incorporated in a Coolidge tube. As diagnostic detail is enhanced as the area of effective focus is decreased, radiographs produced with the DRF Unit are of an unusually fine diagnostic quality.

Consider the following exposure values applying to Model DRF which are indicative of its range:

Region	Dist.	Expos. Sec.
*Shoulder, AP—PA	25"	$\frac{1}{4}$
*Sinus, Frontal, PA	22"	5
*Spine, Lumbar, AP	25"	4
*Spine, Lumbar, Lat.	25"	20
*Pelvis, AP	25"	3
Chest, PA	48"	$\frac{1}{4}$
Stomach, PA	20"	$\frac{1}{2}$

These exposure values are based on an average size adult, and the use of Rayspeed Cassettes and Hi-Speed Intensifying Screens. Those marked are with the Bucky diaphragm.*

If the above exposure values fall within your requirements, the DRF Unit is a most logical selection.

The DRF is completely oil-immersed, 100% electrically safe, impervious to atmospheric conditions such as dust and moisture, and operates at the same high efficiency regardless of altitude.

Not until the introduction of the principle of oil-immersion of the x-ray tube was it possible to obtain the flexibility and simplicity of application in radiographic and fluoroscopic diagnosis as now realized with the DRF Unit.

Get all the facts on the DRF. We will gladly send them on request

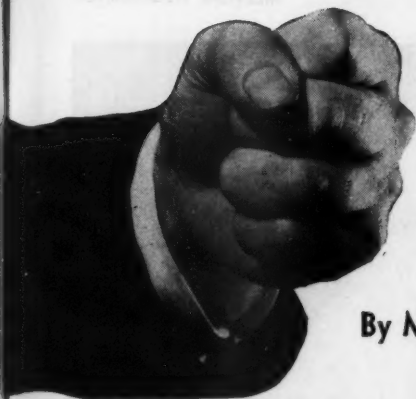
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"Cracking Down" on Contracts

By MARCUS BACKER, M.D.

CONTRACT practice has been clumsily but inclusively defined as "the carrying out of an agreement between a physician or a group of physicians as principles or agents, and a corporation, organized or individual, to furnish partial or full medical service to a group or class of individuals for a definite sum or for a fixed rate per capita."

As a definition, this may serve the purpose satisfactorily. But the physician is not interested in what contract medicine means to the lexicographer. He wants to know what it means to him and to the other hundred-odd thousand medical men who stand a chance of being affected by it.

To state the matter briefly and without beating around the bush, contract practice today involves two undeniably serious hazards: It tends to deprive patients of their common civil liberty in such a vital matter as the choice of physician; and it prevents a considerable number of physicians from practicing among patients who are under contract and who can not, therefore, employ a family doctor, regardless of the latter's professional skill or scientific attainment.

Nor are these the only drawbacks present, say the rank and

file of doctors opposed to contract medicine.

Cutthroat competition for this type of work and callous underbidding among contract practitioners are lowering the standards of ethical medicine. Nowhere is this seen more clearly than in the competition among physicians aspiring to the post of "lodge doctor." Indeed, the point of utmost humiliation, it seems, is reached in this so-called "lodge practice." In most cases it is merely a means of inducing physicians to run against each other at the annual elections, begging for the disgrace of serving the lodge for next to nothing.

Still another objection to contract medicine is that the volume of work tends to increase only at the decided expense of the quality of medical service rendered. At least in numerous instances, the amount of work to be done grows so steadily that it becomes a physical impossibility for the attending physician to handle it efficiently.

Not infrequently, also, the doctor engaged on a contractual basis is likely to think too much of who pays his bills, rather than of who requires his services. Perhaps unwittingly, but nevertheless surely, he acquires an attitude



Tough Luck?

Surprising, isn't it, how our present generation of ten-year-olds will smack its lips over green apples—and cringe from a therapeutic dose of castor oil? Tell one of these young citizens about a castor oil that has no taste, and you are his pal—and his doctor—for life. Parents will be glad, too, for being saved an endless amount of argument.

Kellogg's Tasteless Castor Oil

is 100%, full strength pure castor oil. Odorless, tasteless, no after-nausea. Exceeds all U.S.P. requirements. BOTTLED and SEALED at the refinery—absolutely necessary in order to insure its original freshness to the patient. The only refinery-sealed castor oil in America.

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of partiality in favor of the employer. Naturally, under these conditions, the disabled employee is seldom certain of receiving a genuinely square deal.

The employee, it is true, tends to remain under the impression that the contract medical service provided by his employer offers him something for nothing. His gratitude is hardly well founded. For, as a matter of fact, the wage-earner pays for all he gets, sometimes even to the extent of making it possible for the employer to reap a profit.

Thanks to these conditions obtaining where contract practice is carried on, the majority of the medical profession find themselves in a peculiarly helpless position. Instead of enjoying free competition, based on their own merit and the confidence of the prospective patient, they find themselves crowded out, excluded from access to large groups of people. Hundreds of their private patients are taken away from them by a few colleagues whose incomes increase in direct proportion to the number of patients they are thus able to filch from their professional brethren.

In some instances the practitioner who lacks the good fortune (or the good connections required) to obtain a substantial contract practice is condemned to a low subsistence level, economically speaking. He may not be faced with starvation, but the conditions of competition are such that he is held to a most unsatisfactory standard of living.

And what is he to do about it?

He can not appeal to organized society against his misery, for the reason that the state can not and does not interfere with private practice by contract. Neither can he place hope in his own personal qualifications, his willingness and ability to serve his patients honestly and well, so long as this same contract practice op-

erates to eliminate him from the free choice of hundreds upon hundreds of patients.

Meanwhile, contract medicine blithely goes its way. The much-vaunted, age-old ethical principles of the medical profession are being offended in the most flagrant manner. Solicitation of patients is rampant. Inadequate compensation and degrading competition go hand in hand. And the quality of the medical service rendered deteriorates accordingly.

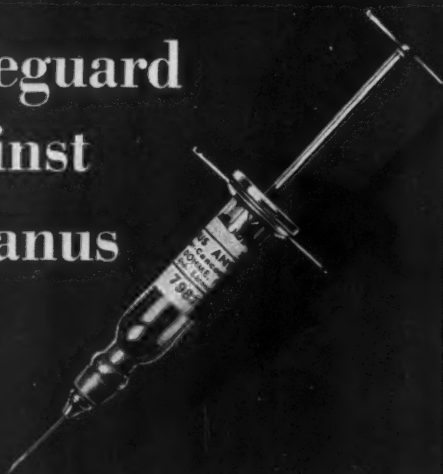
A number of instances of contract practice in my community come to mind in which the contracting physician is paid no more than fifty cents per consultation. And for such a paltry remuneration as this it is not infrequent that two or three physicians compete against each other!

If this is not out-and-out exploitation of the physician (and a type of exploitation for which, clearly, the physician himself is directly to blame), then what is? In a world in which such a thing is possible, in a state of affairs which permits such injustice to prevail, it becomes imperative that the rank and file of the medical profession abandon their passive attitude. Let us realize that the welfare of the majority of physicians and their families hinges upon their determination to act in their own behalf. In other words, it is clearly up to us to do something to alter an undeniably bad and intolerable state of affairs.

Since medical societies exist for the purpose of regulating and improving the practice of medicine, surely here is an opportunity, in fact a crying need, for the use of the "big stick" of organized disapproval. Local medical associations can control the contract evil if they will but take the necessary definite steps toward that end.

[Continued on page 114]

Safeguard against Tetanus



IN the emergency treatment of contused, lacerated and penetrating injuries, authorities agree on the immediate administration of 1,500 units of tetanus antitoxin as a safeguard against tetanus.

Because of its small volume and low protein content, Tetanus Antitoxin Super-Concentrated Mulford is well suited for this purpose. It is easily injected, is rapidly absorbed and produces almost immediate protection. The small volume and low protein content also reduce the incidence of local and systemic reactions.

When continuous protection is desired, repeated doses, as recommended by some authorities, may be administered at intervals of seven days.

Tetanus Antitoxin Super-Concentrated Mulford is aged and processed to yield a clear solution of stable potency. It is supplied in syringe containers, ready for prompt use, in packages of 1,500 units, 5,000 units, 10,000 units, 20,000 units.

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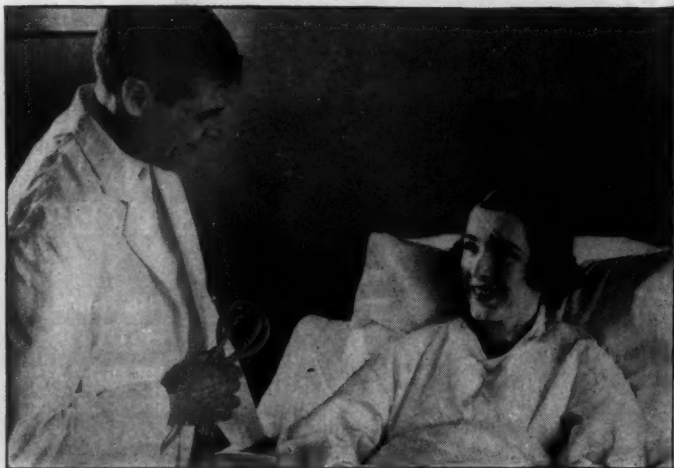
BALTIMORE

TETANUS ANTITOXIN

(Super-Concentrated Mulford)

Exit the Patient

By ERNEST M. POATE, M.D.



PATIENTS are lost in two ways: They die, or they change doctors. (The patient who gets well is not necessarily lost. He may get sick again some day; or if he doesn't, someone else in his family probably will.)

Generally, patients who walk out on their doctor do so for one of three reasons: He has been tactless. He seems uninterested. Or they have lost confidence in him. Whatever the explanation, the loss of the patient is going to show in the doctor's account record.

To every sick man, his own sickness is vastly important. It may be the mumps, or an ingrowing toe-nail, but to him it is a mighty serious matter. If the doctor doesn't see it that way, if he takes it too lightly, out he

★ "Never leave a patient without some cheering word. It's a lot more encouraging than the gravely shaken head, and 'Have you made your will? Better send for your relatives.'"

goes; and another physician takes his place—one who will treat that toe-nail, or whatever it is, with becoming seriousness.

Sick people are morbidly sensitive. Their feelings are easily hurt. An ill-timed joke, a tactless remark which might pass unnoticed elsewhere, may lose a good patient if made at the bedside.

If the doctor appears uncertain, if he hesitates or shows any

WHEN YOU BUY
GAUZE BANDAGE

Say **BAYBANDAGE**

IT NEVER
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THE NAME
BAY'S
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BAY'S

THE BAY COMPANY, Bridgeport, Conn.

Gentlemen: Please send me a sample of BAYBANDAGE

Doctor.....MR7
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XUM

emotion, his patient will almost certainly be frightened. Confidence is easily destroyed, and no sick man is likely to trust his life to a doctor who does not appear sure of himself. Bread pills accompanied by a confident bearing are almost always better therapy than the most potent drugs given in hesitancy and doubt.

Indifference, actual or apparent, is invariably resented, even by the most amiable of invalids. The physician owes his patient an attitude of absorbed interest. If the doctor is too tired, too preoccupied with his own troubles, too sick, or too irritable to give his entire attention to a patient, he ought not to see the patient at all. Postpone the call; explain quite frankly that at the moment you can not give the close attention the case demands; and most patients will understand and approve.

You may lose an occasional patient thus; but you will lose many more by offering only hasty, casual, superficial attention. Most people will forgive the doctor's duly explained inability to make an immediate call, but few will forgive obvious inattention and indifference. They reason, quite justly, that no physician has the right to accept a call unless he is able and willing to give the patient his best care and advice.

Indifference and carelessness may be shown in many ways. Forgetfulness is one of them, and a most important one. If you forget to make a promised call; or if, when you do see your patient, you show that you have forgotten what his condition was on your last visit, or what medication you ordered, he will rightly assume that you care very little about his troubles.

Adequate, accurate records are invaluable for many reasons. Not least important is the impression they make upon the patient's mind.

But it is not enough to keep records. *They must be used!*

Before you see a patient, whether in the office or at his home, be sure to read over his case history. Then fix the necessary details in your mind. Don't ask him over and over at each visit whether his feet swell, whether he ever had rheumatism or pleurisy. Don't say, "Have I given you digitalis yet?"

These points, as well as all relevant details of family or personal history, you should bear in mind yourself. You have no right to expect the patient to remember for you.

And—though it seems absurd that such a caution should be needed—do try to remember the patient's name. I have known many doctors to forget even this, persistently calling Mrs. Smith "Mrs. Jones" and meeting good, paying patients on the street without recognition.

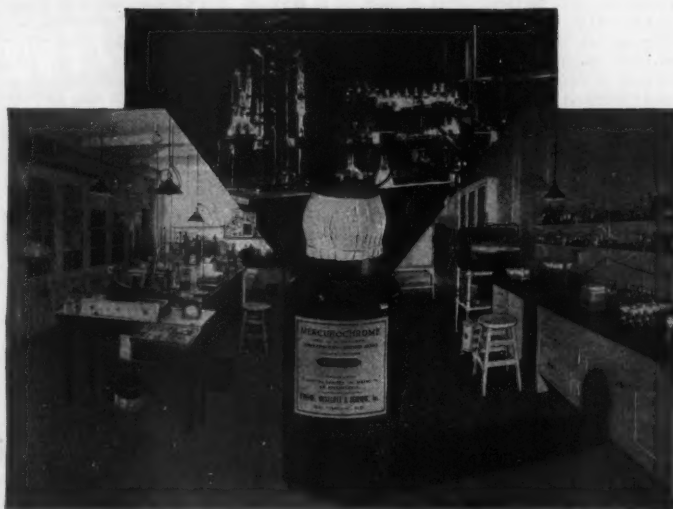
They don't like that. You wouldn't, either.

When your examination has been completed, always offer the patient a diagnosis. He wants to know what ails him, and should be told—in non-technical terms.

The use of "organ-diagnoses" by experienced practitioners does not imply ignorance (as bright young internes are inclined to believe). It means, quite simply, that clinicians have discovered that a diagnosis of "stomach trouble" or "kidney trouble" tells the patient what he wants to know and satisfies him more fully than "hyperchlorhydria" or "pyelonephrosis" or "choledocholithiasis"—which terms merely scare him half to death.

Then, too, such easily-understood diagnoses have another advantage: They give the physician a leeway that is often highly desirable—as, for example, when he hesitates between a diagnosis of gastric neurosis or duodenal ulcer or early carcinoma.

[Continued on page 103]



Behind

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(Dibrom-oxymercuri-fluorescein-sodium)

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is a background of careful investigation and control. Every lot is submitted to chemical analysis at each stage in the process of manufacture; the finished product is bacteriologically standardized and pharmacological tests are made as a final check.



Mercurochrome has been the subject of comment and discussion in more than four hundred publications in leading technical and clinical journals. It has a background of twelve years' satisfactory performance under clinical conditions.

Many of the outstanding reports on Mercurochrome are summarized in a new booklet, copies of which will be mailed to physicians on request.

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BALTIMORE, MD.

Delinquents Must be Resold

By JAMES M.
CHALFANT

To collect from a delinquent, emphasize the value of your services. Make him realize what you have done for him.

A simple but tactful note, dictated to your secretary, will often do more to secure results and hold good-will than a formal, threatening letter.

If it were only possible to practice medicine without ever having to concern oneself over the matter of collections, how immeasurably relieved the great majority of practitioners would be!

Yet the art of collections remains one that almost every successful physician must learn. It is something which he can delegate to others with but imperfect results.

More than perhaps any other professional person, the physician needs to give due care to the problem of collecting his bills *tactfully*. As a rule he is dependent upon a long-continued patronage of not only individuals but whole families; and nothing tends to disrupt apparently permanent friendly relationships more quickly than money troubles.

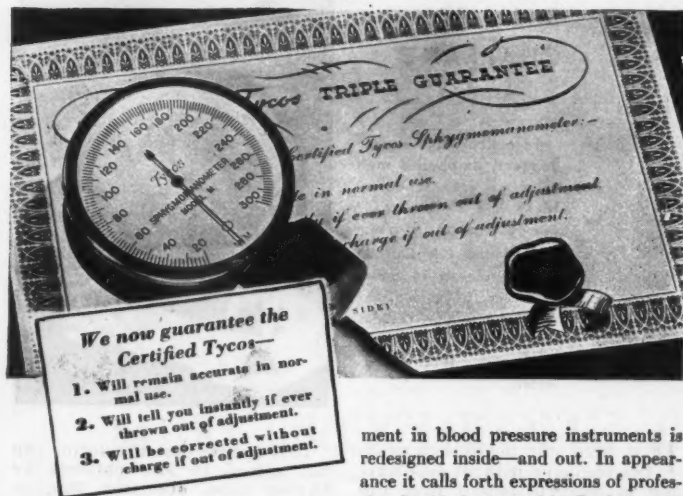


If it is true that the doctor can not afford to lose patients by having them alienated through squabbles over debts, it is equally true that he can not get along without money. For without money he can not purchase supplies and equipment, meet his overhead, take needed vacations, do postgraduate work, and take care of his family.

Caught thus between Scylla and Charybdis, the physician, if he is ever to achieve anything like economic success in his profession, must learn the trick of collecting from his patients while still keeping their good-will and patronage.

Not infrequently the thing which keeps the average medical man from actively collecting his outstanding accounts is the realization that his is a *personal* relation toward the debtor. But why

Now... a ten-year TRIPLE GUARANTEE



**We now guarantee the
Certified Tycos—**

1. Will remain accurate in normal use.
2. Will tell you instantly if ever thrown out of adjustment.
3. Will be corrected without charge if out of adjustment.

Every Certified Tycos carries this new expression of faith in its complete accuracy and dependability.

"The finest sphygmomanometer it is possible to make." That has always been the aim in producing the Tycos. "Always accurate and dependable." That has ever been the characteristic of this famous instrument.

Now with the new Certified Tycos (Model M) we again offer its fine qualities to the medical profession, backed by a ten-year TRIPLE GUARANTEE.

Read this guarantee and see the Certified Tycos. This latest develop-

ment in blood pressure instruments is redesigned inside—and out. In appearance it calls forth expressions of professional pride in ownership. Its improved construction makes possible a new degree of accuracy—and our new TRIPLE GUARANTEE. A guarantee that covers accuracy in use . . . automatic check on accuracy—and free adjustment if accidentally damaged.

Your surgical supply dealer will gladly give you a demonstration of this Certified Tycos with TRIPLE GUARANTEE. Price complete, ready to use, \$25.00. Taylor Instrument Companies, Rochester, N. Y., and Toronto, Canada.



CERTIFIED *Tycos* **WITH**
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should this bother him? True, he is selling services rather than goods, but is that any reason why, when occasion arises, he should hesitate to ask the patient directly for what is due him?

As a matter of fact, this personal relationship which most doctors consider to be the weak point in their collection efforts may be utilized as a positive lever to induce payment. The very delicacy of the personal relationship between the doctor and the patient serves to give additional significance to the most guarded suggestion from him that payment for services rendered would be appreciated. All that is needed is a combination of courtesy and tact put to the task of collecting slow accounts.

In the last analysis, the matter of collecting from patients is largely a problem of *reselling yourself to them*, of dramatizing the value of your services. Bring vividly before the mind of the delinquent what you have done for him, and what your services have meant to him or to his family, so that he realizes anew the value of that for which he is now asked to pay, and you change his mental attitude from one of indifference or stubbornness to one of appreciation and willingness to pay.

It is the skillful and well-considered use of this idea of reselling yourself which can save you from irritating harshness in your collection efforts and retrieve outstanding accounts without the loss of good-will and respect.

Always assume a position of strength. Instead of sending out S. O. S. calls for the delinquent debtor to remit a few dollars of desperately needed money, approach the problem from another angle. Emphasize not so much your personal need of money as the patient's own advantage in prompt payment. Appeal to such

positive emotions as fair play, sense of honor, and good-will, rather than pity.

By giving a little careful thought to the matter, any doctor can achieve reasonably good collection results either by keeping his patients sold on himself, or by reselling himself to them through the type of letters that follow.

A tactful campaign of salesmanship by correspondence can just as well be begun with the very first statement sent out to each patient. Though most physicians send their first statements unaccompanied by a letter, how simple it is to have your secretary send, along with it a brief note something like this:

Dear Mr. Smith:

Dr. Matthews is so occupied with his practice at present that he has requested me to send you the enclosed statement, covering professional services rendered by him to Mrs. Smith and you during the month of October.

Will you please write a check in the amount of \$..... to the order of Milton J. Matthews, and return it to this office in the enclosed stamped envelope?

With appreciation of your usual prompt reply, and trusting to hear from you soon, I am

Yours sincerely,

Barbara Evans, Secretary

Here we have a letter which undoubtedly represents the best possible way of collecting from those people well able to pay but constitutionally given to putting off doctors' bills until other demands have been met. It is a courteous suggestion for prompt action, casual and tactful but so effective that many times the patient "obeys that impulse" without ever having been aware that he has received and acted upon a collection letter.

Ordinarily, the second statement will go out to "good risks" with no additional comment. But

[Continued on page 79]

THE TEST OF A GOOD *Adhesive*

**IT TAKES HOLD FIRMLY • HOLDS ON
SECURELY • DOES NOT CREEP**

● This is a rigid standard for an adhesive. It is the ideal toward which we work in making Bauer & Black adhesive. Our aim is to combine and balance these three necessary qualities. You may measure our success very simply. Test Bauer & Black against any other you may have used. Compare them on each of these three counts, and on the aggregate. We believe that such a test will reveal the care and scientific control which go into the making of our product. It should demonstrate the reasons why Bauer & Black adhesive



is so frequently called perfect by physician and patient. You are invited to accept a generous roll—free—and make this comparative test.

• **BAUER & BLACK**

2500 S. Dearborn Street, Chicago.

Please send me a free roll of your adhesive for testing.

Name _____

M.E. 7

Address _____

City _____

State _____

BAUER & BLACK

Adhesive

The Private Hospital's the Thing!

By CHARLES WILMER FITCH, M.D.

A STATE of mind that in some instances amounts almost to perversity is keeping doctors out of one of the most satisfying and satisfactory ventures open to the profession.

Still restrained by the outworn tradition that business cannot be combined with the practice of medicine, they have failed to see a vast field for both service and profit in the operation of private hospitals.

Today there is a real need and a demand for private sanitaria. But the average physician does not like business; and the idea of running a hospital brings to mind that branch of medicine for which he probably cares least. Hence, doctors have given little thought to the possibilities which this field opens; and even when they have, the problem of finance has frequently discouraged them.

The money question is naturally the first one to consider. But the securing of adequate funds should not prove too difficult if the job is properly handled.

True, the average layman knows nothing about hospitals as an investment. He understands the financing of garages, hotels, and apartment houses; and he has been stuck badly in all of them.

So when you mention a hospital, you can expect him to throw up his hands in horror. He has to be sold on this type of investment.

You have to have facts and figures, plenty of them, before you are ready to start. And these figures are as important for the

doctor as they are for the laymen whose money will make the hospital possible.

Offhand, you may be able to list all the limitations of the city hospital and other existing institutions in your city. But put these facts on paper, list the number of private and semi-private rooms available and the demand for them (not in depression years, of course), and show what results are being obtained in other cities and towns of equal size. This done, the arguments in favor of the building of a hospital begin to take shape.

The second half of the survey is easier. Having established what the approximate demand for rooms will be, it is possible to determine how large a building is needed. The number of operating and delivery rooms, the number of private and semi-private rooms, quarters for doctors and nurses—all must be determined before the amount of financing can be estimated.

The next thing is to get the money. In a surprising number of cases all the doctor has to do is to ask for it. The name of a doctor, well established in the community, wins the confidence necessary to secure funds. At least that has been my personal experience.

Remember that a private hospital is a good-paying investment, both for the public and for the doctor. It should carry itself immediately. It should pay for itself



TO RELIEVE HEADACHE

• Kalms effectively relieve headache, febrile, neuralgic or functional. This relief is quick, and free from devitalizing undertones. Headaches, constant, intermittent, or periodic, are all amenable to the therapeutic action of Kalms.

Kalms are analgesic, anti-spasmodic, anti-neuralgic and febrifugal. To prescribe Kalms is to employ an adequate and effective agent. The Kalms formula: Antipyrin, 2 grains; Amidopyrin, 3 grains; Caffein, $\frac{1}{2}$ grain. The synergistic action of this formula ac-

celerates and promotes effectiveness.

Kalms are an ethical product from the laboratories of Johnson & Johnson. They are not advertised to the public. In bottles of 100 with removable sleeve label and in tins of a dozen. Order from your dealer.

FREE SAMPLES: Use coupon below for free Professional sample package of Kalms.

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Professional Specialties Division, ME-3
Johnson & Johnson, New Brunswick, N. J.
Send me Professional Sample Package of Kalms.

Dr. _____

Address _____

KALMS

FOR RELIEF OF PAIN

in five years. After that it keeps on piling up the profits.

These figures are based on the presumption that the hospital is successful; and there is no reason why it should not be successful if the building and location are right and if the management is good. Private hospitals have weathered the depression years far better than many other ventures. They pretty nearly develop themselves.

Today, the private hospital should have a building erected especially for its particular needs. Remodelling usually does not work. A hospital need not look like a hospital, but hospital efficiency has to be built into it.

The requirements for a hospital building fall logically into two classifications. The first heading is safety. The building should be fireproof, and should be so located that there is little danger that fire will spread to it from other buildings.

The second heading is comfort. A hospital should look like a place in which to get well. There should be no dreary white walls; patients respond better to color.

The private hospital should have all the qualities of a first class hotel. The patient and his family should be made to feel welcome and comfortable from the very moment that the hospital rotunda is entered until it comes time to leave. Incidentally, a hospital that is sufficiently inviting and convenient will attract patients who require only a "rest cure." And rest cures can be profitable for the doctor as well as the patient.

Before I built *my* hospital, I knew exactly how I wanted it laid out. Some of the unusual features are proving as satisfactory as I hoped they would. The delivery room, for example, is on the first floor—an unusual location, all right, but a good one. Obstetrical cases can be handled there without being taken through the rest

of the building; and it is more convenient for the patient, more satisfactory for the hospital.

Our delivery room is completely sound-proofed. So is the nursery on the second floor. All rooms throughout the building have walls of double hollow tile. These walls, combined with ceilings of celotex blocks make for the utmost quiet.

All semi-private rooms are also on the second floor. Patients in these rooms usually have the most company, and if the rooms were on one of the upper floors, there would be heavy traffic through the building. As it works out, many of the visitors to the second floor walk the short flight of stairs, which naturally reduces the cost of operating the elevator.

Every room in the building has its own laboratory; corner rooms have lavatories and baths. The advantages of this over the old method of having one or two lavatories on a floor is obvious. Not only is it a convenience for the patients and pleasanter for visitors, but it also saves the nurses' time.

An efficient and sufficient staff of nurses is vital to the success of a hospital. I believe in picking and training nurses like the members of a ball team. They have to be selected carefully and kept in training.

Provided he has a superintendent who is on her toes, the doctor who operates a private hospital need not give much time to the maintenance of a proper staff of nurses. Having employed loyal and intelligent people in the beginning, and having established a fair rate of payment, the nursing staff presents few problems. Some of the nurses now on my staff have been with me for the last seventeen years, since the time when I had a little six-bed hospital on the top floor of my home.

[Continued on page 79]



The Borden Company was the first to submit evaporated milk for acceptance by the Committee on Foods of the American Medical Association. Borden's was the first evaporated milk to receive the seal of acceptance of this Committee.



Wait! . . . is she doing just what the doctor ordered?

IS she giving her baby an Evaporated Milk that measures up to your high standard of quality, or is she using just any brand?

When you prescribe Evaporated Milk for infant feeding, you have in mind a high grade of milk . . . pure, fresh and wholesome. You know that there are differences in Evaporated Milks.

But the mother may not know this, and she needs *your* advice to guide her choice of brand and quality.

In all the Evaporated Milks produced by The Borden Company, the physician finds the quality he demands for infant feeding. Careful

selection of raw milk and rigid safeguards throughout the process of manufacture guarantee the quality, purity and freshness of every Borden brand . . . Borden's Evaporated Milk . . . Pearl . . . Maricopa . . . Oregon . . . St. Charles . . . Silver Cow.

Write for free sample of Borden's Evaporated Milk and scientific literature. Address The Borden Company, Dept ME74, 350 Madison Ave., New York, N. Y.



Borden's

EVAPORATED MILK

Our Summer Round-Up

A COMMON-SENSE METHOD OF EXAMINING SCHOOL CHILDREN

By Joseph C. Solomon, M.D.

BESIDES "The Last Round-Up," that sad yet tuneful cowboy ballad, there's another round-up not so well known, of considerable interest to physicians: the "Annual Summer Round-Up" of children about to enter school, sponsored by the National Parent-Teachers Association.

This move, though with excellent motives, has been replete with blunders, like many another lay medical endeavor. For the past two years, therefore, I have substituted in my town another plan which is working so well that I wish to suggest it to doctors in other communities.

Two years ago the Freeport, (N. Y.) Parent-Teachers Association offered me the position as examiner of incoming school children. I was to examine them in large groups at two or three sittings, and for this service I was to be paid a small fee by each parent. Since I happened to be a pediatrician, I was most anxious to do this type of work and become firmly identified in the com-

munity with the parents of school children; yet, apprehensive of criticism from my fellow-practitioners, I found myself reluctant to accept the position offered me.

It seemed to me that the P.T.A. was attempting to launch a bargain-rate scheme whereby, regardless of the ability of their parents to pay the usual fees, all Freeport pre-school youngsters were to receive physical examinations at fifty cents to one dollar each. And the parents would get the notion that since they were paying *something*, they were actually paying *in full* for this service.

If I were to lend myself to this plan, I could easily see the injustice to the profession in Freeport at large, and sense the resentment against me that would be sure to follow. I determined to decline the offer for this reason.

And yet, as a pediatrician, I was most anxious to have the opportunity of becoming further

[Continued on page 73]



PROVIDING NEW SOIL



Many species of bacteria—normal and pathologic—have been isolated from the intestinal tract.

Some of these grow well on one class of culture media and some on another. An identical situation occurs in the bowel.

Generally speaking, there are two groups of organisms that may be present—the normal acidophilic group, which gives rise to acid fermentation, and the proteolytic group, which causes putrefaction.

Providing culture material for the acidophilic bacteria is an effective method of combating putrefaction, inasmuch as the two bacterial groups are antagonistic.

BATTLE CREEK LACTO-DEXTRIN

provides the "soil" for the development of the acid forming bacteria which, in the proper medium, inhibit the development of the pathogenic proteolytic organisms and thus restore the normal flora.

Let us send you a generous sample and literature.

MAIL COUPON
for
**TEST
SAMPLE**

THE BATTLE CREEK FOOD CO.
Dept. ME-7-34,
Battle Creek, Michigan

Send me, without obligation, literature and trial tin of Battle Creek Lacto-Dextrin.

Name

Address



THE NEWSVANE

Too Many M.D.'s?

The present unrest about state and socialized medicine, in the opinion of Dr. Walter L. Biering, of Des Moines, Iowa, new president of the American Medical Association, can be attributed in no small part to a too-numerous and poorly-distributed body of doctors. One of the ways out of the present economic morass, Dr. Biering believes, is to cut down on the number of M.D.'s.

In the United States at present there is one physician for every 780 persons; whereas England has one for every 1,490 persons; France has one for every 1,690; and Sweden, one for every 2,890. The new head of the A.M.A. contends that reasonably complete medical care could be afforded by having one doctor for every 1,200 persons in this country. He looks to the medical schools to curb their output of graduates until this proportion shall have been established.

Looking into the future, he prophesies more and better general practitioners, better but fewer specialists.

Free Newspaper for Blind

Blindness, incurred when he was nine years old, has apparently been no insuperable handicap to Bernard Krebs, just graduated from the School of Journalism of New York University. A prize-winner in his public school courses, he went on to make a good record in college, with the

help of volunteer students who read his class-room assignments to him on an average of two or three hours a day.

Convinced that the nation's 64,000 blind people are not adequately reached by news or advertising in the regular newspapers, young Krebs intends to establish a Braille newspaper that will help his sightless comrades take a more active and prominent part in society.

By next fall he hopes to have a newspaper plant completely equipped in New York for the publication of a 24-page paper. It is to be issued five days a week, free to 5,000 blind in the Middle Atlantic states. Later he hopes to be able to send it to the blind everywhere in the United States and Canada.

Faith Bars Verdict

If she hadn't been a Christian Scientist, Mrs. Lucy F. Kirk of Mineola, Long Island might have been awarded damages in a suit she brought against George Cisler, of Hicksville, because of injuries suffered in a collision between the latter's automobile and one driven by her son last July.

"The case," remarked the judge, "is an extraordinary one. The plaintiff was trained as a nurse and worked in hospitals. She has seen people die, even from such gruesome things as cancer; yet she comes under the influence of a cult which teaches that this is all a great delusion, that those

Since March, 1933

Dole Pineapple Juice has had the right to display



THIS IMPORTANT SEAL

Hawaiian Pineapple Co., Ltd. are the pioneers in canning Hawaiian Pineapple and Hawaiian Pineapple Juice. Before we ever submitted DOLE Pineapple Juice we experimented for years until we finally obtained a product with which we were satisfied. Only when we were satisfied that we had fully perfected DOLE Pineapple Juice, did we submit it to the medical profession in this country for their approval.

That is why we are proud of the fact that this pure, unsweetened DOLE Pineapple Juice obtained the coveted Seal of the American Medical Association Committee on Foods within such a short time after the introduction of the juice on the market. This Seal was awarded to DOLE Pineapple Juice nearly a year and a half ago. At present DOLE Pineapple Juice is still the only canned pineapple juice which has the right to this important Seal.

Here are the facts we believe you should know about DOLE Pineapple Juice: It is recognized as a good source of vitamins A, B, and C, and natural fruit sugars (offering an easily assimilated source of energy) and mineral salts. It has a final alkaline reaction in the body which tends to offset the effects of acid-producing foods.

However, here's what is equally important: DOLE Pineapple Juice makes one of the most delicious beverages you've ever tasted. Children love it. (Many hospitals regularly supply DOLE Pineapple Juice to all their patients, children as well as adults.) Won't you try some today? Just ask for "DOLE Pineapple Juice" and make sure of getting the genuine by looking for the name DOLE stamped on top of the vacuum-packed can.

HAWAIIAN PINEAPPLE CO., LTD.
215 MARKET STREET SAN FRANCISCO, CALIF.

dying with cancer are out of tune with the infinite and with God, and that actually there is nothing the matter with them.

"Of course, harboring a belief of that sort brings her to a difficult dilemma. If pains are not real and fractures do not exist, then, obviously, you men [of the jury] are in no position under the law to award damages that do not exist.

"If you find that she denied the ministrations of a medical practitioner, and that her recovery was retarded thereby, you would be unfair to your oath if you charged Cisler with these injuries. If she claimed that there is no pain and that the way of relief is through teachings of Mrs. Eddy, you can not make Cisler pay, except for the pain and suffering which could not be aided by the ministrations of medical science."

Having heard this charge from the bench, the jury not only failed to award anything to Mrs. Kirk, but in a counter-suit brought by Cisler against her son, awarded Cisler \$75 for the damage done to his car in the collision.

Birth Rate Still Dropping

According to the Bureau of Vital Statistics at Washington, the United States' birth rate for 1933 is expected to set a new low. And the rate is still dropping.

Margaret Sanger, veteran birth control exponent, hails the fact not only as a general boon, but as a triumph for her cause. "The birth rate can well afford to go down," she declares. "A decreased birth rate doesn't mean a population decrease. Fewer babies are born; but with much less infant mortality, there is a better survival."

Other people are not nearly so elated, it seems. As a matter of fact, a number of population experts, among them Dr. Louis I. Dublin of the Metropolitan Life Insurance Company, and Dr. O.

E. Baker of the Bureau of Agricultural Economics, consider it a decidedly serious matter.

In 1915 the birth rate in the United States was 25.1 for each 1,000 population. By 1932 this figure had dropped to 17.4 per 1,000 population. And, according to the latest check-up, there has been during this last year a still further slump.

"Closed Door" Policy

For the past four years Dr. G. H. Mundt of Chicago has urged the American Medical Association to adopt the so-called "closed-door" policy governing staff appointments in hospitals which seek A.M.A. approval as places for interne training. At the recent convention at Cleveland the House of Delegates passed Dr. Mundt's resolution.

Thus the A.M.A. has gone on record in favor of limiting medical college faculties and the staffs of hospitals to members of the Association. Some 87 per cent of such staff men, it was remarked during a debate on the floor, are members at the present time.

Is this a move to increase the membership of the A.M.A., or one to strengthen its hand so that it may exercise greater authority over minority groups, such as the American College of Surgeons, which incurred its displeasure on the eve of the Convention by approving health insurance? Several observers have raised the question.

Dillinger's Doctor Upheld

Did Dr. Clayton May, the Minneapolis physician recently fined and imprisoned for not informing authorities that he had treated John Dillinger, the bandit, do the right thing, after all, according to the ethics of his profession? The *Lancet*, leading British medical publication, believes he did.

"A country must protect itself against its public enemies," one

ARE BABIES PEOPLE?



INDEED they are! And—like the rest of us—they eat most happily when their foods *taste good*.

Clapp's Baby Foods do! Unlike coarsely-strained, home-cooked supplementary foods, Clapp's Foods are always uniformly smooth. They're easy for the little tongues to manage. And there's never any disturbing variation in "feel" or flavor from day to day.

The uniformity of Clapp's Foods makes the tiny baby's transition from liquids to semi-solids an easy one. And often it serves to reestablish good mealtime behavior in the older child who has formed the habit of refusing fruits and vegetables.

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Send for free comprehensive new

CLAPP'S
ORIGINAL

Baby Soups and Vegetables

booklet of recent findings on Infant Feeding. Address Harold H. Clapp, Inc., Dept. 85, 1328 University Ave., Rochester, N. Y.

15 VARIETIES The World's Largest Baby Menu

Baby Soup (Strained) . . . Baby Soup (Unstrained) . . . Vegetable Soup . . . Beef Broth . . . Wheatheart Cereal . . . Spinach . . . Carrots . . . Peas . . . Asparagus . . . Tomatoes . . . Beets . . . Wax Beans . . . Prune Pulp . . . Apricot Pulp . . . Apple Sauce.



Each and every one made as baby foods should be made—under medical supervision and hospital standards of cleanliness. Cooked in glass-lined vacuum kettles to conserve vitamin and mineral-salt content. And offering the variety so necessary for an interesting and well-rounded dietary plan.



NOW 15¢
*In the New
Enamel
Purity Pack*

of its recent editorials remarked. "A doctor does not cease to be a citizen.

"For Dr. Clayton May, however, there was only one question: Did Dillinger come to him for treatment, trusting in his professional honor? The answer is obvious, and Dr. May's colleagues in every country will applaud his action in not betraying a professional trust."

Another London paper, the *Star*, strongly condemns this approval of Dr. May's conduct. "Can the *Lancet* be allowed to promulgate views thus subversive of public order and safety?" it demands.

Babies at \$3 Apiece

Undoubtedly the world's most famous babies at the moment are the quintuplet daughters of Mrs. Alzire LeGros Dionne of Callander, Ontario, Canada. The cost for delivery, for medical care, and for medical services during the fateful first month amounts to exactly \$3 each.

For that is the regular obstetrical fee of the man who brought them into the world, Dr. A. R. Dafoe—\$15 for attendance on a mother at childbirth, whether there be one baby, twins, triplets, quadruplets, or a "poker hand" such as Mother Nature dealt the Dionne family in this instance.

Exit the Death Ray

Because Dr. Antonio Longoria has strong moral scruples against making money out of death, he has destroyed his "death ray" machine, and thus forsworn eternal fame and glory. That is what he told the National Inventors Congress in Omaha recently.

He discovered the fatal ray, he alleged, in 1923, while engaged one day in aiming energy waves at a chandelier on which his pet canary chanced to be perching. The shock was too much for the bird, and it died.

Since then, the doctor has

turned a deaf ear to all sorts of handsome offers from foreign powers, as well as from the United States government. He refuses to traffic in death, even for millions.

For Ban on Radio Ads

Two resolutions urging action on radio advertising of drugs and patient medicines, one proposing to abolish it entirely, the other suggesting the strictest sort of regulation, were presented to the House of Delegates of the A.M.A., in convention last month.

The first asks the Association to oppose advertising which recommends or in any way exploits over the radio any preparation, remedy, medicine, or appliance for the treatment of human ailments. It also suggests that the Federal Trade Commission be requested to use its authority to stamp out such advertising.

The second resolution, declaring that various broadcasting stations are being used by drug and patent medicine manufacturers to make exaggerated and false claims for their products to the serious danger of public health, urged "a central, national clearing bureau of the medical profession, which shall act as a reference committee to confer with and advise the broadcasting system as to the propriety of accepting commercial programs advertising various proprietary and household remedies."

Commercial Health Insurance

When the Health and Accident Underwriters Conference met in Chicago the other day to talk about "medical reimbursement coverage," they were, of course, talking about nothing else but health insurance—commercialized, naturally. The upshot of their conference was the passing of the following resolutions:

Personal accident and health insurance companies have for many years successfully provided insurance protection

Advantages of **ELECTROCOAGULATING TONSILS**

SAFE—

By avoiding injection of local anesthetic or general anesthesia, except in young children. Lessens danger of secondary hemorrhage, mutilated pillars avoided, capsules and plicas usually retained.

USUALLY BLOODLESS—

Many patient's acute fear of bleeding leads them to prefer and accept electrocoagulation.

TIME SAVED—

Time required is for office treatments only. No hospitalization.

DOCTORS no longer need buy expensive Physiotherapy equipment having many non-essential functions.

Our new specially designed
COMPLEX COAGULATOR
fulfills every requirement of electrocoagulation at corresponding low cost.



Price \$100.00

Operates all types of electrodes. No adjustments or parts to get out of order. Foot switch. Eight feet sterilizable cord, weight 13 lbs. Additional available equipment—Cord Handle, Chuck Handle, Bipolar electrodes.

A DEMONSTRATION—

can be arranged for you in your office. Ease of operation, dependability and economy are worth considering.

Ask your dealer! Write us today.

COMPLEX COAGULATOR
FREDERICK C. WAPPLER, President
453 Whitlock Ave. New York, U. S. A.

against loss of wages to the American wage-earner.

After careful study and consideration of underwriting principles, coverage and costs, the Health and Accident Underwriters Conference recommends to its members that additional insurance either be incorporated in the present policy or be made optional to the insured providing for the payment of indemnity for certain medical, surgical, and hospitalization expense when the insured is injured or otherwise disabled by illness.

This insurance will enable the average wage-earner to meet most of his medical, surgical, and hospitalization expenses by means of small fixed monthly payments and, dependent upon the type of service desired, should cost the average wage-earner from fifty cents to two dollars a month.

The payment of claims under this additional insurance will not be contingent upon the service rendered by one or a limited group of hospitals, physicians, or surgeons, but will provide that all policyholders shall have the free choice of doctors, surgeons, and hospitals. Payments will be made in cash and not in service.

What's in a Name?

Hereafter, one must be careful of his diction in referring to insane asylums, psychopathic hospitals, and their inmates in Illinois.

"The objective in a state hospital is cure," says Director A. L. Bowen, of the Illinois Department of Public Welfare, "and anything that depresses a patient and lessens his chances of recovery is objectionable. Within our institutions there will henceforth be no reference to mental cases, and inmates.

"Other terms often used in speaking of patients will also be taboo. The buildings themselves should be referred to as cottages, or residences. Wards should be called halls."

Even the markings over the doors of wards are to be changed. The usual numbering system for the guidance of employes will be retained, but the wards will be named after trees and flowers.

Pay for Hospital Staffs?

New York City has under consideration a revolutionary change in hospital policy. It is proposed

to give some form of pay to the physicians who have always given their services free of charge to municipal and voluntary institutions.

Dr. S. S. Goldwater, commissioner of hospitals, reveals that this step is being considered in order to care properly for the sick poor in the face of economic conditions confronting the doctor and affecting his public service.

"When there are conflicts between private interests and public duties, a man naturally inclines toward his private interest; and I believe the service suffers," said Dr. Goldwater in an address to the Hospital Association of New York State, recently.

"The choice is inevitable, under conditions as they are. But while the idea that the physician should give his services to the poor was all right under different economic conditions, it becomes a doubtful one when about three fourths of a man's service is gratuitous."

Hunger Fighters Lose

Better Times, the publication of the Welfare Council of New York City, announces that, according to a study of the records of ten of the largest hospitals in the city, 29 patients starved to death in 1933, and 110 died of malnutrition.

Fifty seven other persons brought into the hospitals were diagnosed as starvation cases. In some of them alcoholism was listed as a contributing factor. Also, 697 cases of malnutrition were reported.

Of the starving patients, the majority were men in their forties and fifties, but there were some in their teens and twenties. Most of them were laborers, but there were also a number of artists, newspaper men, actors, and language teachers.

Houses and Health

Housing in the United States is at least a century behind the

A New HEMATOPOIETIC

For the treatment of secondary anemia and general run-down conditions—

Concentrated Extract of Spleen and Red Bone Marrow—Iron in a form quickly assimilated and in quantities that assure rapid hemoglobin formation—MALTINE, nutritive and supplying Vitamins B and G—plus a Concentrate of the Vitamins A and D from high-grade Cod Liver Oil.

Thus are grouped in one rational and palatable combination not only certain elements which aid in blood formation, but important nutritive factors which help in correcting the run-down conditions.

FORMULA

Each Fluid Ounce Contains:

Spleenmarrow Concentrate (Wilson).....10 Minims.*
Iron and Ammonium Citrate.....10 Grains
Copper.....Trace**
Maltine (fortified with a cod liver oil concentrate).....Q.S.

Contains vitamins A, B, D and G.

*Equivalent to 120 minims standard Spleenmarrow Solution.

**A natural ingredient of the components of the formula.

In bottles of 12 fluid ounces.

Samples to Physicians on Request

THE MALTINE COMPANY

30 VESEY ST. Est. 1875 NEW YORK, N. Y.

THE IDEAL Infra-Red Lamp *Sunbeam*



Complete
Only
\$6.50

Small, easy to handle, practical and efficient. Weighs only 3½ lbs. Easy to move or carry. Doctors who buy one send repeat orders. Many supply their patients. Sold on a money-back-if-not-satisfied basis.

Made and guaranteed by Chicago Flexible Shaft Company, 5690 Roosevelt Road, Chicago, U.S.A. 44 years making quality products.

Doctor! *CHECK THIS CHART*

The many uses of ALKALOL will surprise you

Ears	Cleansing, soothing.
Eyes	Very soothing—even in infants' eyes after silver treatment.
Nose	Widely used as douche or spray in coryza, rhinitis, hay-fever, or any nasal affection
Throat	Immediate relief, soreness, "tickling," coughing.
Mouth Teeth	Dentists endorse it.
Burns, Bites Bruises Fevered Brow Hemorrhoids Varicose Ulcers	{ Kept in contact by means of saturated cotton or gauze, is a pleasant surprise to physician and patient.
Bladder	For irrigation—soothing, pus and mucus solvent.
Diabetic Lesions	Relieves irritation.

Many other indications will suggest themselves. Remember, ALKALOL'S "cell-feeding" action is a tissue builder. It never irritates.



Then send for this FREE sample in ALKALOL'S new eye dropper bottle

The new eye dropper bottle enables you to make the most convincing of all tests—a trial in your own eyes.

And as you make this simple test, and note ALKALOL'S wonderful *soothing, healing* action on the delicate membrane of the eye, it will immediately stand to reason that ALKALOL must be equally efficacious in any of the applications suggested in the chart above.

For years, physicians and specialists have used ALKALOL to clear the eyes of infants after silver treatment—and it is widely used by eye specialists.

Remember, ALKALOL is thoroughly different from anything on the market today. Owing to its physiologic balance, ALKALOL *feeds* and *stimulates* the cells through absorption, thereby building resistance to infection. ALKALOL *builds* as it cleans and soothes—*never irritates*.

Your name and address on a card will bring a sample at once.

This new eye dropper bottle of ALKALOL contains the same ALKALOL as supplied to the Medical Profession for more than 30 years. It is not a new product—merely a new package.

THE ALKALOL CO.

Taunton, Mass.

country's achievements in transportation and communication. So asserts Dr. Haven Emerson, president of the American Public Health Association, calling on physicians to support the National Housing Act recommended to Congress by President Roosevelt.

Despite our much-vaunted modern civilization, Dr. Emerson points out, only one third of all American dwellings have central heating; in rural areas only about one sixth have any plumbing; less than 25 per cent of all American homes have running water; and less than one half have electricity.

"Considering all sections," he says, "some housing conditions in both rural and urban America are but little better than those of the dark ages."

Warning on Radium

Do you ever rent radium? If so, watch out—it's dangerous! This warning comes from Dr. Albert Soiland of Los Angeles.

Speaking before the American Radiological Society's recent meeting in Cleveland, Dr. Soiland said that in this country between five and ten grams of radium are constantly for rent, mostly to physicians. It is rented in the form of plaques, needles, and radon seeds, the latter being a radium emanation.

"Many persons renting radium appliances," Dr. Soiland said, "even physicians, are not trained in their use, and therefore do not know the extreme danger of carelessness in handling them. An example is getting radium too close to a bone. The outer covering of bone has comparatively little resistance to radium, and is destroyed rapidly."

Medical Tour to Hungary

At the invitation of the Hungarian Medical Postgraduate Committee of Budapest, there is

being organized an American medical study trip to Hungary.

Tentative plans call for departure from New York on August 18, a five-day stay in Munich, attending the passion play in Oberammergau, and a visit to Budapest from September 5 to September 16. The group will return to New York on September 28.

While the visting doctors are in Budapest it is planned to have a full week of lectures and clinical demonstrations in English by leading medical men, combined with receptions, entertainments, and sightseeing trips.

Birth Control Dodged

For the fifth consecutive year the American Medical Association has refused to take any stand on the question of birth control, despite two serious efforts made at the recent meeting to get the Association to declare its position.

The first resolution, calling for a declaration of principles on the question and its medical aspects, and the appointment of a committee to study birth control methods and devices, never got beyond the reference committee. The second, calling for the appointment of a committee to investigate the virtues and dangers of materials and devices being used in this connection, was quickly turned down when the committee reported it back to the House of Delegates.

Incidentally, the opposition vote is declared to have been larger this year than at any of the four previous attempts to induce the Association to commit itself in the matter.

Crazy People, Crazy Laws

Competent observers are of the opinion that the present status of the insanity plea in American criminal law leaves some doubt as to whether the accused or the

HIGHLY FAVORED
in the treatment of
LEUCORRHEA
CERVICITIS
ENDOMETRITIS
VAGINITIS

TYREE'S Antiseptic Powder is a highly efficient agent in removing infection and thick adhesive mucus. Non-irritating to delicate mucous membranes. Antiseptic, soothing, and healing. Send for a physician's package.



**FOR YOUR PATIENTS
A HELPFUL BOOKLET**

FREE Written by a physician. Tells the elementary facts you would have your patients know. More than 70,000 already distributed by physicians. Send the coupon for a supply.

TYREE'S
Antiseptic
Powder



J. S. Tyree, Chemist, Inc.
743-15th St., N. E.
Washington, D. C.

You may send me a physician's package of Powder and.....(state how many) booklets for my patients.

.....M.D.
.....Street
.....City
.....MI

lawmakers are more often open to suspicion regarding their mentality.

As things are now conducted, it is not unusual for a trial to develop into a battle among alienists. The side which has managed to line up the greater number of alienists usually wins.

Recognizing this undesirable state of affairs, the legal committee of the American Psychiatric Association suggests a series of fundamental reforms. The most important are:

(1) Forbidding medical abracadabra which only confuses juries, and limiting testimony to plain terms and striking symptoms which a layman can understand.

(2) If the accused pleads insanity, and the plea is believed by the jury, he is to be incarcerated immediately in a state hospital for the insane and kept there until cured. If the jury does not believe him insane, and finds him guilty, he is to be put under observation in a hospital before being sentenced.

Conservatives All

To anyone who reads the newspapers these days, especially the editorial pages, it is apparent that the public at large, at least as interpreted by the lay press, is vitally interested in the matter of medical care, including every act and comment of organized medicine with reference to it.

"If the resolutions of the American Medical Association read somewhat like the resolutions of an old-guard Republican campaign committee," observes the *Cleveland Ohio Press*, "it is for like reasons.

"They wish the depression hadn't happened, and they can hardly believe that it did. And they like to believe that, if we just sit tight and let nature take its course, nothing like it will ever happen again. They hope

that the free play of economic forces will again make everybody prosperous—prosperous enough to pay their doctors' bills, anyhow—and permanently prosperous, next time . . .

"To us it would seem wiser for the medical profession, instead of trying to preserve a status that has not actually existed for years, to take the lead in formulating a plan whereby the burden of costs could be reduced or distributed without impairing the profession's control of its own activities.

"If the doctors wait until some one else forces a scheme upon them, it may be less to their liking and less satisfactory in its results."

Practical Therapy

As a source of ready reference,
[Continued on page 91]

Our Summer Round-Up

[Continued from page 61]

known to the parents of my town. Therefore, I made the P.T.A. this offer: I would examine free of charge in my own office the children of such families as were shown by an adequate social investigation to be financially unable to pay.

The way the plan has finally developed is as follows:

At the close of the school year letters are sent out to all parents of children about to enter kindergarten in the fall, calling attention to the fact that it is highly advisable for children entering upon a new environment, such as the schoolroom, to be in as fine physical condition as possible to meet the risks and strain involved.

Incidentally, in order to save time, I prepared a case history form which was distributed to the mothers, to be filled in and brought along at the time the children were being examined. This gave me at a glance the necessary information as to the

Add this



and the meal is complete

THE average American meal often is deficient in the "bulk" needed to promote elimination.

"Bulk" is found in fruits and vegetables — and in bran. With some individuals, however, much of the fiber in fruits and vegetables is broken down in the alimentary tract. Inclusion of bran in their daily menus brings satisfactory laxation.

Except in cases of individuals who suffer from intestinal conditions where any form of "bulk" would be inadvisable, Kellogg's ALL-BRAN may be used with safety.

This delicious ready-to-eat cereal is likewise a good source of vitamin B and iron. Sold by all grocers. In the red-and-green package. Made by Kellogg in Battle Creek.



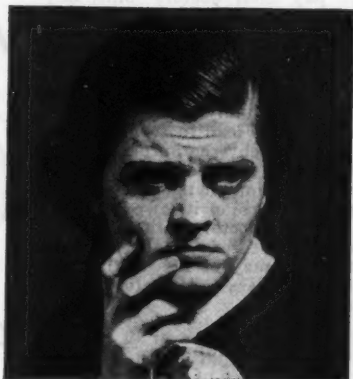
In Melancholia and Mental Depression...



MEDICAL authorities know that autointoxication, resulting from constipation, is frequently a contributory cause of melancholia and mental depression.

In such cases, when constipation is eliminated, the blood stream can purify itself. Headaches stop. Nervous centers regain acuteness. And mental depression generally vanishes.

Sal Hepatica is an especially valuable adjunct in the treatment. It helps restore the normal alkalinity of the blood stream. Gently, yet thoroughly, it rids the intestinal tract



of toxic wastes. Continued use sets up no condition of tolerance. Let us send you a complimentary sample. Mail the coupon today.

* * *

Fred Allen in the air's greatest show, "The Hour of Smiles". Wednesday over WEA and Associated N B C "Red" Network Stations, 9 p.m. New York Time. (West Coast Rebroadcast at 8 p. m. P. S. T.)



• SAL HEPATICA •

MEMO to Bristol-Myers Co., M75 West Street, N. Y. C.

Without charge or obligation on my part, kindly send me samples of Sal Hepatica to be used for clinical purposes. (I enclose my card or letterhead).

Name..... M.D.

Street.....

City..... State.....

child's past history, protection immunization, and present complaints, if any.

Mothers are especially urged to take their children to the doctor for an investigation which might reveal remedial defects, conditions which might be cured or alleviated before the time comes for school to open in the fall. Tonsillectomies, vaccinations, diphtheria, immunizations, the correction of optical defects by glasses—these suggest the type of service urged upon the parents of the pre-school child.

At the bottom of the letter sent out to the parent appears this paragraph: "If you are unable to pay for a physician, one will be furnished free. Dr. Blank has consented to examine all needy cases in his office without charge. If you desire his service, please fill in and mail the accompanying slip."

My own records show that there have been very few free examinations. Most of the cases drifted to their own physicians, a few coming to me as private patients. Furthermore, several of my own former patients called up for appointments.

That A.M.A.- A.C.S. Split

[Continued from page 12]

may be distributed, the immediate cost should be borne by the patient able to pay at the time the service is rendered.

- (7) Medical service must have no connection with any cash benefits.
- (8) Any form of medical service should include within its scope all qualified physicians of the locality covered by its operation, who wish to give service under the conditions established.
- (9) Systems for the relief of low-income classes should be limited strictly to those below the "comfort level" standard of incomes.
- (10) There should be no restrictions on treatment or prescribing not formulated and enforced by the organized medical profession.

There were, unfortunately, some few children who were not examined at all, but this can be attributed almost entirely to the poor organization of the follow-up work. If a competent, paid social worker were available to take over this phase of the work, it seems to me that the annual summer round-up would be almost ideal in plan and operation.



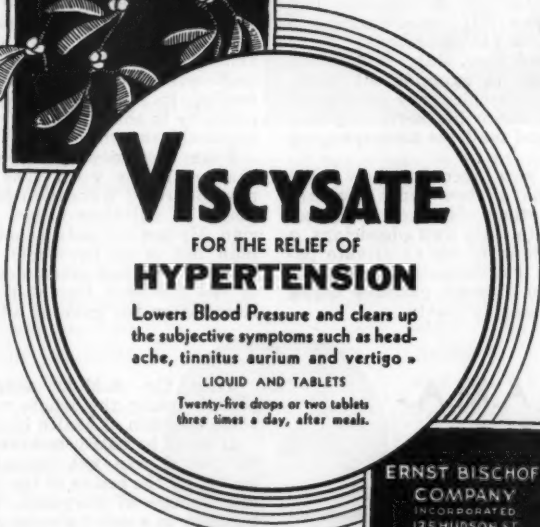
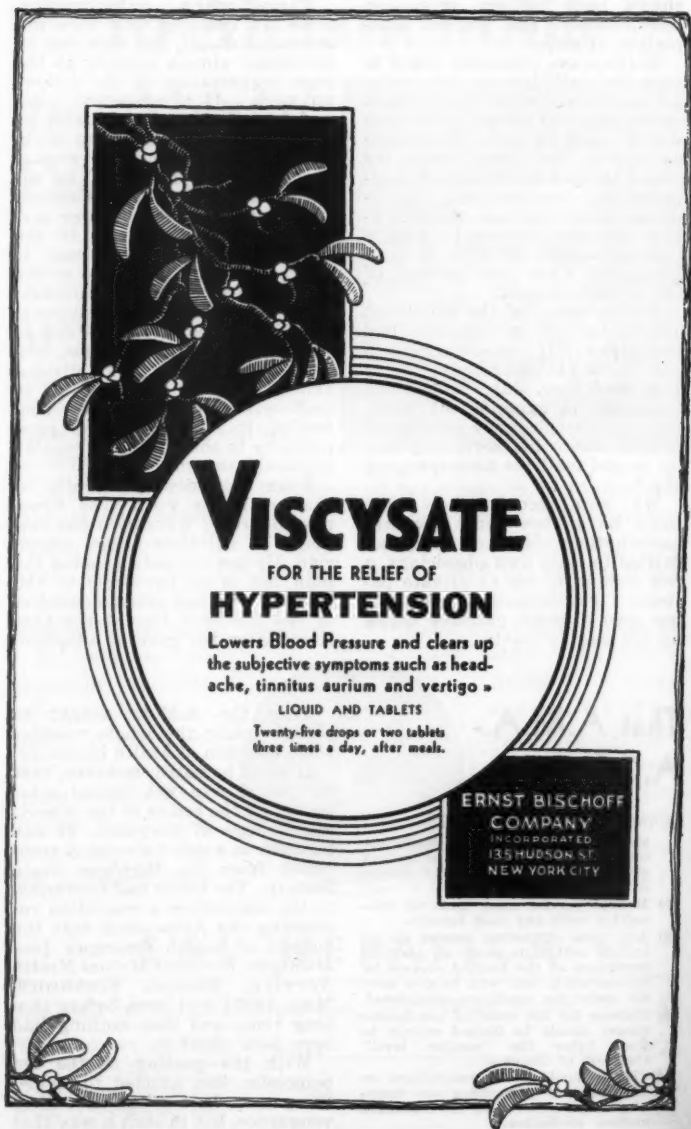
As outlined, our plan has several obvious advantages. In the first place, every free case is treated as a private case, so the child receives adequate individual attention. We avoid the dispensing of slip-shod medical advice at wholesale prices. Then, too, the examinations are so divided among the town physicians as to keep everybody satisfied. And finally, it furnishes some good publicity in the matter of regular physical examinations.

I am not now personally in charge of this work. The Freeport Board of Education has employed a full-time school physician. He has not only adopted the plan but is so favorable to the idea that he has recommended it to the National Parent-Teachers Association for general adoption.

Thus the A.M.A. sought to plough under the whole troublesome question of health insurance.

It must be noted, however, that the issue was not forced altogether by the action of the American College of Surgeons. It was brought to a point also by a resolution from the Michigan State Society. The latter had forwarded to the convention a resolution reminding the Association that the subject of health insurance [see *Michigan Proposes Mutual Health Service*, MEDICAL ECONOMICS, May, 1934] had been before it a long time, and that nothing had been done about it.

With the passing of the ten principles just alluded to, something was done about it, with a vengeance, but in such a way that



Viscysate

FOR THE RELIEF OF
HYPERTENSION

Lowers Blood Pressure and clears up
the subjective symptoms such as head-
ache, tinnitus aurium and vertigo »

LIQUID AND TABLETS

Twenty-five drops or two tablets
three times a day, after meals.

**ERNST BISCHOFF
COMPANY**
INCORPORATED
135 HUDSON ST.
NEW YORK CITY

the term "health insurance" was not even mentioned.

Appended to the ten principles was the following statement:

"The consensus was that the present standard of medical practice is superior to that afforded people generally in any other country of the world.

"If it is determined in any community that some experiment to change the method of administering medical service is desirable, observance of the principles adopted will remove many of the 'disturbing influences' from such an experiment. In all such experiments attention must be sharply focused on the quality of medical service rather than primarily on any other factor."

At the close of the executive session Dr. Morris Fishbein, editor of the *A.M.A. Journal*, was on hand to pass out copies of the principles, copies which carried the added information that any community was free to adopt any plan, *provided* there was no conflict with these principles.

Naturally, this open rift in the ranks of the two most prominent medical bodies in the United States has not gone unnoticed by the public press.

"It is significant," remarks the *Boston Globe*, "that the American College of Surgeons is seeking to lead a nation-wide movement to provide a more adequate medical service for the whole community.

"This organization of surgeons has much claim to its title. On its rolls are the names of a large proportion of the acknowledged leaders of this branch of the profession.

"The American Medical Association has announced itself on the other side of the fence. Side-stepping the question of health insurance, it has taken the position that none of the systems of other countries can be introduced here with the support of the med-

ical profession...

"The magnitude of the problem in this country is not determined. But even before the depression it was clear that the benefits of medical science were unequally distributed.

"Some time the American public will begin to ask what should be done. If the medical profession is ready with a convincing answer by which protection can be had, it will not be long before the people fall in line. They care for their doctors and respect them. If the profession works out a solution to the problem, the satisfaction will be general."

The Kansas City Star comments editorially as follows: "It should be noted that the College of Surgeons did not endorse 'state medicine.' What was approved, following eight months' study, was the general principle of leadership by the medical profession itself in the formulation of some plan—no specific plan was advanced—by which medical and hospital service of a standard grade could be made available to larger numbers of people, at costs within their reach.

"It was community rather than state medicine that was endorsed in principle. Any plan worked out, it was held, should be advised by the profession itself free of any intermediate commercial agency, and administered with the aid of hospitals, citizens, and industrial groups.

"That would keep the system away from the state and out of the reach of politicians. Perhaps the best method of combating state medicine, with its constant threat of political interference, would be the assumption of leadership by the profession itself, as proposed by the College of Surgeons, in the working out and application of systems calculated to bring the desired results."

As far as the A.M.A. is concerned, then, the whole idea of

THESE FORMULAS GIVE GRATIFYING RESULTS IN INFANT FEEDING



WITH MILK AND WATER

The addition of Hylac to fluid cow's milk and water results in formulas approaching natural balance.



WITH WATER ALONE

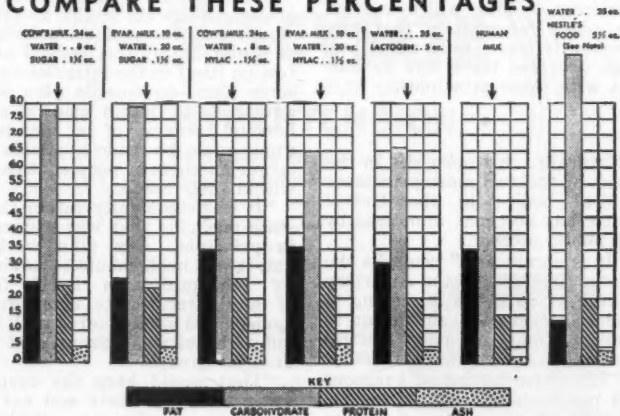
A dried milk formula with all the advantages of properly modified cow's milk, plus increased digestibility.



WITH WATER OR MILK

A low fat, high mixed carbohydrate formula for infants who cannot tolerate formulas approaching natural balance.

COMPARE THESE PERCENTAGES



NOTE:—



Accepted by the Committee on Foods of the American Medical Association

The above Nestlé's Food formula does not resemble human milk because it is designed for infants who cannot tolerate formulas which approach natural balance. (Nestlé's Food consists of malted whole wheat, malt, dry milk, sucrose, wheat flour, salt, dicalcium and tricalcium phosphate, iron citrate and cod-liver oil extract. Contains Vitamins A, B and D.)

None of the above products is advertised to the laity. No feeding directions are given except to physicians. All three products have been accepted by the Committee on Foods of the American Medical Association. For free samples and literature mail your professional blank to:—

NESTLÉ'S MILK PRODUCTS, INC.
2 Lafayette Street Dept. 17-C-7 New York City

health insurance is anathema—it will have none of it. What freedom other groups shall exercise in dealing with it, remains to be seen.

The Private Hospital's the Thing!

[Continued from page 59]

However, arguments are bound to arise even among the best people. We have recently organized our staff of doctors into committees to hear and settle all complaints. If a doctor wishes to make a complaint about a nurse, he reports it to the proper committee and a decision is handed down. Questions of ethics and of practice are also referred to special committees.

The committee method is far more satisfactory than any other we have used, for it gives the doctors a deeper interest in the hospital... After all, if you help to run a place, you naturally are more interested in it.

In addition to the committee meetings, we hold regular meetings of the entire staff at which we usually have a speaker of some prominence. These meetings give the doctors a feeling of "belonging."

The average large city hospital is pretty nearly a closed corporation. It is difficult for any great number of highly skilled surgeons and physicians to find a place on the staff and inconvenient for them to arrange for the use of operating rooms or rooms for patients. Here is where the privately operated hospital fills another real need. It provides hospital connections for men who would otherwise have no place to which they could send their patients.

Now how much time must the doctor who is operating the private hospital give to it? On the chance of being dogmatic, I should say that the hospital requires no

more time than the average practitioner can afford to spare. Conditions vary, but a capable superintendent and an efficient nursing staff can generally be counted on to keep the hospital in first-class running order.

Such details as paying hospital bills, checking over the records, and making inspection tours can conveniently be done in the evening, in the morning, or at odd moments during the day. Far from interfering with a doctor's private practice, they provide fill-in work during periods which would normally be slow.

Seventeen years' experience in the operation of private hospitals has convinced me that they are satisfactory in every respect for the doctor as well as for the community. During the depression, of course, the closing down of credit facilities made it futile even to contemplate the building of a hospital. But now credit sources are opening up again, with the result that this is the time to make plans and to get going.

In addition to private capital, it is likely that new legislation enacted by Congress will provide government funds for building purposes through the formation of national mortgage associations to finance new construction.

A doctor who has surveyed the field and can show the need for a new private hospital ought to be able to prove to the directors of any one of these associations the soundness of an investment in a first mortgage on a private hospital.

Delinquents Must Be Resold

[Continued from page 55]

if for any reason you feel that a close follow-up is advisable, it might be well to rubber-stamp the statement or mark it in some other way with some such legend as: "Your check in payment of

3 QUESTIONS TO ASK YOURSELF WHEN PRESCRIBING AN ANTACID

1. *Is it palatable?* Some antacids are unpleasant to take, and the large doses sometimes necessary make them actually nauseating—defeating their purpose.
2. *Is it convenient?* It is difficult to get patients to carry around bulky packages and a teaspoon.
3. *Is the final dosage accurate?* Your prescription may be accurate; the druggist may fill it correctly; but due to different sizes of spoons and other common measuring devices, the dose as taken may differ markedly from that desired.

WHAT ANTACID COMPLIES WITH ALL 3 REQUIREMENTS?

Genuine Phillips' Milk of Magnesia Tablets are:

1. **PALATABLE**— the tablets are very tasty, and small in size.
2. **CONVENIENT**— packed in thin, compact containers, easily carried in purse or pocket.
3. **ACCURATE**— each tablet represents a teaspoonful of Genuine Phillips' Milk of Magnesia. No measuring devices necessary.

PHILLIPS'
Milk of Magnesia

Prepared only by THE CHAS. H. PHILLIPS
CHEMICAL CO., NEW YORK, N. Y.



this statement will be appreciated."

When the account is 60 days old, a third statement should go out. Even if the patient is considered a good credit risk, this statement should carry some mild reminder of his obligation to pay his debt. The physician should never forget that now is the time for him to try earnestly to resell himself to the patient.

It is a good idea to attach to this third statement a printed sticker reading something as follows: "For the most valuable personal services that you can receive, your physician makes only moderate charges. Will you not be good enough to send your check in payment?"

In lieu of the printed sticker, you may of course use a rubber stamp. At all events, do not *write* your comment in longhand or type it; for this is intended as a generalized reminder, and should not be made too pointed or personal.

Variations of this may be employed, such as, "This being the third request for payment, will you not send your check promptly?" Note the use of the question marks.

Don't overlook the importance of the "interrogative technic," as it might be called, in these matters. A question is the most effective sentence form to use. It just happens to be a quirk of human nature that most people resent being *told* anything which even in the slightest degree calls into question their sense of fairness, their honesty, or the like. It is much safer to *ask* them something, and get your idea across in reverse, so to speak.

The critical stage of any account is arrived at when it becomes 90 days overdue. Another letter is required to elicit a reply, if not to bring forth a remittance. Something like the following should be sent out by the doctor's secretary:

Dear Mr. Smith:

Noting that as yet you have made no response to the three monthly statements sent you, Dr. Matthews suggests that it may not be convenient for you to pay at one time the entire amount of \$..... which you owe him.

Should this be the case, I wonder if you can arrange to come in and see Dr. Matthews, or at least telephone him, between the hours of 10 and 12 some morning this week? You may be sure that he will be only too glad to make some special arrangement for your convenience in meeting this obligation.

Yours sincerely,

Barbara Evans, Secretary

If this letter does not succeed in obtaining the desired action, it is high time for the doctor to cease relying on letters sent out by his secretary, and do something personally. He should telephone the patient or else write to him in something like the following manner:

My dear Mr. Smith:

My secretary, Miss Evans, informs me that you have made no reply to the two letters and several statements she has sent you.

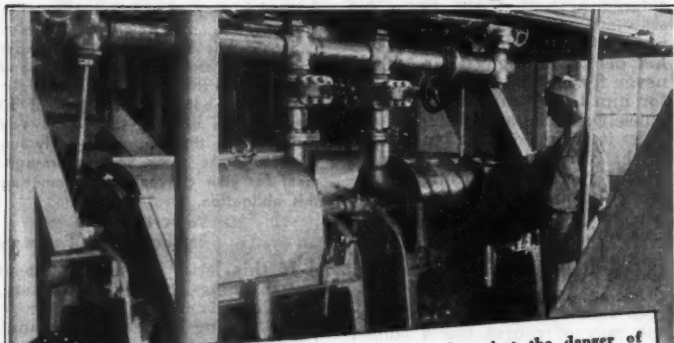
I am writing you this personal note for the reason that under no circumstances do I want any misunderstanding to come between you and me. Why don't you telephone me or drop in to see me some time soon, so that we can talk things over? If there is any trouble in connection with your account, I'd like to know about it; for I am sure that if we can only get together we can arrive at an arrangement which will be convenient to you and fair to me.

Cordially,

Milton J. Matthews, M.D.

When, as a result of the telephone call or the letter, the patient comes in, the doctor must make it clear by his manner that he assumes the patient is quite willing and prepared to pay. It is no time for lengthy conversation. The doctor should be friendly, but brief and positive. Above all, avoid arguments about the

OXYGEN IS EXCLUDED in the Gerber Straining Process



The Gerber monel metal strainers guard against the danger of broken bits of wire. Five times as fine as an ordinary sieve, they give each Gerber product a uniform, finely subdivided, smooth consistency. Only coarse fibre is removed.

Prevention of Oxidation in This Process Further Conserves Vitamins

After softening by preliminary cooking, each Gerber product is discharged through stainless steel tubes to monel metal strainers, which are completely filled with a blanket of steam at sufficient pressure to exclude oxygen from any contact with the product.

The Gerber straining process contributes directly to the value of Gerber's

Strained Cereal as a starting cereal—with its combination of desirable qualities of both whole wheat and refined wheat cereals. In the Gerber pre-cooking process soluble nutrients are extracted from the whole wheat. In the straining process, all coarse bran particles are removed . . . another reason why Gerber products are "Better for Baby."



Gerber's

9 Strained Foods for Baby

Strained Tomatoes . . . Green Beans . . .
Beets . . . Vegetable Soup . . . Carrots . . .
Prunes . . . Spinach . . . Peas . . . 4½-oz.
cans. Strained Cereal . . . 10¼-oz. cans.



GERBER PRODUCTS COMPANY, Fremont, Michigan. ME-7
(In Canada: Grown and Packed by Fine Foods of Canada, Ltd.,
Windsor, Ontario)

Please send me ☐ Reprint of the article, "The Nutritive Value of Strained Vegetables in Infant Feeding." ☐ Sample can of Gerber's Strained Cereal.

Name Address
City State

bill. Take it for granted that the patient is there to make arrangements for payment, and make it easy for him by some such ice-breaker as this:

"Well, Mr. Smith, I couldn't think of any reason why there should be any difficulty between us, but I certainly am relieved to know that Miss Evans, for some reason or other, had a misunderstanding of the situation. Now, won't you please write me out a check for \$10? Miss Evans will send you a reminder every month until we get the balance cleared up. I am sure that you can take care of it in that way without too much inconvenience to you."

•

By adherence to some such policy as just outlined, the doctor can, through his own efforts, bring in practically all his really collectible accounts, or at least arrange for their payment. Should Mr. Smith prove to be thoroughly recalcitrant, the physician must then, of course, decide between turning over the account to a commercial collector, with or without written notice to the debtor, or trying one more personal letter, appealing to the patient's sense of fairness.

Should these alternatives fail, the situation may as well be faced candidly: Smith will never, of his own accord, come back to the doctor to whom he owes a bill—particularly the doctor who has tried, unsuccessfully, to collect that bill. Between physician and patient a very real barrier has been raised. And if ever the physician-patient relationship is to be resumed on the old basis, the doctor must resell himself to the patient. Otherwise the latter will be forever lost to him.

Since without some such special effort on his part, it may be taken for granted that the patient will not come back to the doctor-creditor, the physician has all to gain and nothing to lose by a resale letter stressing both

the personal and the professional element of his relationship with the patient.

It behooves him in such an instance to be perfectly frank. The chances are reasonably good that a letter like the following will bring results:

My dear Mr. Smith:

For the last time I am writing to you in connection with the settlement of your account. Unless I get a response from this letter, I am going to be compelled, much against my will, to turn this account over to my attorney.

When, early last October, Mrs. Smith had pneumonia, and when later in that same month you yourself suddenly became very ill, it was worth a good deal to you, was it not, that I was available, with the knowledge, the experience, and the equipment to meet such emergencies? Under similar circumstances in the future, would you hesitate to call me again?

Naturally, it is my ambition to be able to be here to serve you and others for many years to come. Yet it must be apparent that I can not continue to live here and continue my service to you and them unless my patients pay their bills. I must pay mine. For instance, I have long ago paid for the drugs and other supplies which I used in caring for Mrs. Smith and you in the illnesses just referred to.

Is there any good reason why you should not now reimburse me? I am sure that you will understand my side of the situation.

Expecting, then, to hear from you soon, I am, with all good wishes,

Cordially,

Milton J. Matthews, M.D.

Collecting money is only part of the task of a really good series of collection letters. If people are made to pay grudgingly, angrily, the physician is playing a losing game.

But can doctors' bills be collected firmly and effectively, yet without violating etiquette or losing friends and patients?

By an intelligent and forceful

WHO SHOULD TREAT CONSTIPATION DOCTOR or PATIENT?

It seems only logical that constipation, being a pathological condition, should be treated by the physician.

Kaba, therefore, is not advertised to the public—it has been ethically presented to the physician as a prescription product which provides maximum bulk, lubrication, bowel motility, without irritation, without cathartic drugs.

Kaba is prepared from the sap of the bassorin tree. In the bowel it swells to 18 times its own bulk when it comes in contact with water. It is augmented by a generous supply of the vitamins B and C, the presence of which helps restore the normal motility of the bowel.

Kaba fits in with your corrective regimen in constipation. It requires no preparation — is palatable.

We invite you to test Kaba in your practice. Your druggist is ready and willing to fill your prescription for this physiologic laxative.



Send for
Test
PACKAGE

THE BATTLE CREEK FOOD CO.

Dept. ME-7-34,
Battle Creek, Michigan

Send me, without obligation, literature and trial package of Kaba.

Name _____

Address _____

KABA

carrying out of the method just outlined, the answer is, emphatically, YES.

"Right this Way, Doctor"

[Continued from page 30]

ties see our apparatus. If a sufficient number of persons merely stop by and give us a few moments of their attention, we consider the money for the exhibit well spent."

Another company remarks, "Our medical exhibits are intended to acquaint M.D.'s with the newer research problems in which we are interested, and to invite their cooperation."

Still another writes, "Renewing our acquaintance with doctor and dealer, also collecting ideas as to possible improvement of our product—these factors constitute ninety per cent of the value to us of convention exhibits. No sales worth mentioning are made."

Accordingly, if in the past you have tended to fight shy of commercial exhibits at conventions because you felt that your sales resistance was low, or because you disliked being sandbagged into buying, you need have no further qualms on this score.

Today's medical exhibits are staged for *your* benefit. You may go to them with the knowledge that you will not be exhorted to buy, but that you will be allowed to browse around and absorb a great deal of genuinely interesting and valuable information.

You will probably have ques-

tions to ask. And where else and at what other time could you ever hope to find such splendidly qualified and courteous people on hand to answer those questions for you?

You have, let us say, just heard the famous Dr. John Smith lecture on a certain obstetrical technic of his, in the course of which mention was made of a number of instruments that, so far as you are concerned, are names only. Very well. The lecture over, you may put the recess to good use by going directly to the booths of the manufacturers of those instruments and not only see them, but have them explained in detail by men who know them at first hand.

To be sure, you can learn some things from the surgical supply house salesman. But how much better it is to get your information directly from the executives of the firm—perhaps from the very men who have spent their lives in perfecting the instruments in which you are interested. Officers of the manufacturing concerns which serve you, men who in the very nature of their responsibilities and duties could not think of going out and calling on individual practitioners to explain the fine points of their product, are thus available to you at your conventions.

Certainly, by stopping during your next convention to see what the commercial exhibitors have to offer, you stand to lose nothing. And you *may* learn something really worthwhile about "the tools of your trade."

Try it!

Samples and Information on Request

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ME 7-34 (TOROCOL) TABLETS—A True Chologogue
THE PAUL PLESSNER CO. DETROIT, MICH.



A More Scientific Method of Counteracting Gastric Hyperacidity

Excess stomach acid has always been treated by chemical neutralization, to which, however, the following objections have been found: (1) peptic digestion is hindered or prevented; (2) intensive alkaline treatment frequently leads to a condition of alkalosis; (3) alkalis often cause a secondary and more pronounced rise of acidity following their administration.



Because of these objections physicians should recommend the introduction of the newer and more scientific method of removing *excess acid* by *colloidal adsorption*.

Alucol, an allotropic form of aluminum hydroxide, has a high adsorptive power for HCl. It takes up excess acid colloiddally and leaves a sufficiency for the continuance of peptic digestion. There is no secondary rise of acidity following its administration.

A trial of Alucol will convince you of its value. Let us send you a supply with full information.

ALUCOL

(Colloidal Hydroxide of Aluminum)

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Dept. M.E. 7

Please send me without obligation, a container of ALUCOL for clinical test, with literature.

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Address

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Practice Behind Prison Walls

[Continued from page 22]

a blood transfusion, donors are always chosen from among the prison population. The evening before the transfusion is to be made, an announcement goes out on the institution's radio that blood donors are going to be needed. The men get this message in their cells, and the next morning, invariably, a great number of volunteers show up at the hospital to have their blood typed.

As many as three hundred men have appeared at one time in response to such a request, despite the fact that it is usually necessary to test only four or five before finding a suitable donor. The one selected stays in the hospital that day and that night, and gets as his only special reward a chicken dinner, which he probably shares with somebody in the ward, perhaps the man to whom he has just given part of his own blood.

What sort of cases do we handle here in the prison? Well, we have the usual run of things—practically everything, with the exception of diseases peculiar to the female sex.

Incidentally, despite the widespread notion that the majority of felons are drug addicts, since July, 1930 only 330 victims afflicted with the dope habit have entered Sing Sing. After being classified as such, narcotics addicts (as well as tuberculosis

cases) are always transferred promptly to Clinton Prison at Dannemora.

As for syphilis, its incidence at Sing Sing is approximately twelve per cent among the whites, and forty per cent among the colored population. Contrary to the generally accepted belief that gastric ulcer is rarely found in prisoners, we have had many cases of both gastric and duodenal ulcers. Then, too, for this section of the country, we seem to have had more than the prevailing average percentage of male hyperthyroid toxic goiter cases, a condition which, by the way, may well have been a contributory cause of the criminal tendencies in these individuals.

Some day medical science may be able to arrest crime just as we now control diseases once looked upon as hopeless. Meanwhile, it is the interesting and highly important task of the prison doctor to do what he can for the socially unfortunate ones in his keeping.

He has wracked bodies to heal and cure at times, and, more frequently, warped, embittered minds. If by his practical demonstrations of the fact that society still cares for these unsocial ones he can cure both their minds and their bodies, he may change their whole outlook on life.

Thus he may perform an incalculable service not only to them but to society. As the humane movement spreads his value is bound to be more fully recognized. And that will mean, among other things, steadily widening career possibilities for those who would be prison doctors.

BROMO ADONIS

THE BROMIDE OF GREATER TOLERANCE, GREATER POTENCY, WIDER USEFULNESS.

Bromo Adonis No. 1... in nervous indigestion, hysteria, insomnia, etc. Bromo Adonis No. 2... when a more lasting sedation is indicated, as in chronic idiopathic epileptic cases.

A sample of either type gladly sent to any registered physician.

TUCKER PHARMACAL COMPANY, 221 East 38th St., New York City

WYALIN



Promoting Elimination in *Upper Intestinal* Disorders

Among the causes of bowel sluggishness may be mentioned congestion at the Ampulla of Vater or anywhere along the biliary or pancreatic tracts. Deficient secretion of bile by the liver may also be a primary cause.

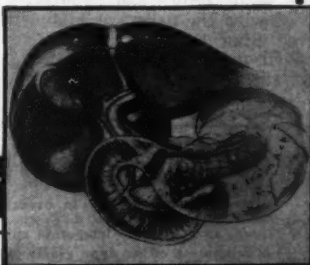
When the symptoms and findings lead to a diagnosis of trouble in the upper intestine and its associated ducts, WYALIN is indicated.

WYALIN acts as a natural cholagogue; contains no phenolphthalein; supplies physiologically standardized pancreatic enzymes, and also increases the tone and directly assists bowel action.

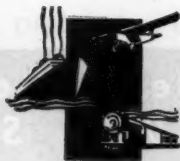
Of especial value in biliary disturbances, WYALIN is also of great value in intestinal stasis and other bowel conditions where a digestant and gentle laxative are required.

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Tours & Cruises



MEDICAL TOUR TO ITALY AND THE ITALIAN SPAS: This folder gives the itinerary of a 40-day tour to Italy, with emphasis on the spas and health resorts. The tour has been arranged for the benefit of a select group of doctors, and will start from New York on the S. S. Rex on August 18, returning to New York on the S. S. Conte Di Savoia on September 27. For a copy of the booklet giving full details, address the Italian State Railways (ME 7-34), 545 Fifth Ave., New York, N. Y.

PACKAGED TRAVEL: "We like to think of our all-expense escorted tours as travel packages—delightful summer vacation trips put up in attractively designed packages and popularly-priced to fit the requirements of all tastes and purses," says this colorful and interesting travel folder. Eight special tours, ranging in time from one week to two weeks, are described. Since they are all western tours, and since all begin at Chicago, they should appeal especially to prospective visitors to the Chicago World's Fair. For a copy of this folder, write the Chicago & North Western Railroad (ME 7-34), 400 W. Madison St., Chicago, Ill.

"LAND OF SUNLIT NIGHTS": The charm of the northern countries—Sweden, Denmark, Finland, and Norway—breathes in this exceptionally attractive illustrated booklet of some seventy-odd pages. Besides a great deal of interesting general information, this piece of literature sets forth a number of the most intriguing itineraries. Write the Swedish Travel Information Bureau (ME 7-34), 551 Fifth Ave., New York, N. Y.

SUMMER IN NEW ENGLAND: Besides serving as a directory of summer hotels in Maine, Massachusetts, New Hampshire, and Vermont, this 66-page booklet describes in photographs and text some of the many attractions New England offers the vacationist. If you are interested in finding a spot for this year's vacation in any one of these four states, a copy of this directory will be of inestimable value. Write the Boston and Maine Railroad (ME 7-34), Boston, Mass.

A CENTURY OF PROGRESS, 1934: If you want to get a vivid preview of what Chicago's new World's Fair holds in store for you, this attractive folder will

give it to you. The 1934 Fair, it is said, represents a considerable improvement over last year's attraction. For one thing, it is more international in character than in 1933. There is an entire street of "foreign villages," all faithful reproductions of scenes and life in many parts of the globe. All in all, the Fair promises to be more alluring, more spectacular, more appealing than ever. And of course special round trip fares will be in force to Chicago from all parts of the country. For your copy of this interesting and informative piece of literature write to the Baltimore & Ohio Railroad (ME 7-34), Charles & Baltimore Streets, Baltimore, Md.

ALASKA AND THE YUKON: Once a land of mystery, inaccessible save to the hardiest adventurers, Alaska, thanks to present-day methods of transportation, is now within the reach of the average tourist. This illustrated folder describes an Alaskan cruise as an ideal holiday. An accompanying insert gives condensed sailing schedules, deck plans, fares, and such general information as the prospective visitor will find of interest. Write to the Canadian National Railway (ME 7-34), 294 Washington St., Boston, Mass.

JEWEL BOX OF THE SOUTHERN HEMISPHERE: Every week, says a new folder bearing this title, a liner sets out from New York City, bearing a group bound for a real pleasure trip beyond the equator—to Peru, the "Jewel Box of the Southern Hemisphere." There are two cruises, a 32-day all-expense tour, and a 39-day all-expense tour. The itineraries are much the same. In either case, the tourist visits Cristobal, the Panama Canal, Balboa, Buenaventura, Guayaquil, and Lima. Address the Grace Line (ME 7-34), 10 Hanover Square, New York, N. Y.

SUMMER IN SWITZERLAND: Apparently, you don't have to be an expert mountain climber to enjoy the Alps. This exceptionally well-written booklet, with special essay on such subjects as "Mountaineering," "Walking," "Alpine Passes," "Mountain Flowers," "Angling," and so on, convinces one that, besides being the winter playground par excellence, Switzerland holds in store many delightful experiences for the summer tourist. For your copy of this folder-booklet, write the Swiss Federal Railways (ME 7-34), 475 Fifth Ave., New York, N. Y.

Mineral Depletion *In The Summer . . .*

WORKERS exposed to prolonged high temperatures tend to suffer from painful and disabling muscular cramps.

The probable explanation is salt loss due to excessive perspiration.

For the same reason, many patients suffer from mineral depletion during the heat of the summer. Frequently such an acidotic condition is associated with summer diarrheas, dermatoses, etc.

How BiSoDoL Helps

In addition to replacing the excessive loss of moisture by the drinking of increased quantities of water, the tendency towards salt loss and acidosis may be conveniently offset by the concomitant use of BiSoDoL.

BiSoDoL is the palatable, balanced antacid-digestant so widely recommended by physicians for relief of acid indigestion, "sour stomach", post-prandial pain, cyclic vomiting.

Write for Samples and Literature.



BiSoDoL

The BiSoDoL Company
130 Bristol St. . New Haven, Conn.

The Newsvane

[Continued from page 73]

the Merck Manual (Merck & Co., Rahway, N. J. \$2) has become a familiar institution among physicians.

Old friends who remember its first appearance in 1899 as a small affair of only 250 pages, have been gratified to watch its growth to some 1,300 pages at the present time.

In the new, rewritten, sixth edition, the therapy has been outlined by Dr. Bernard Fantus, professor of therapeutics at the University of Illinois College of Medicine. It presents alphabetically some 257 pathological conditions, and explains their etiology, diagnosis, and therapy. Two thousand prescription formulae are also listed, chiefly covering official constituents.

In keeping with medical progress, the manual treats of such important subjects as the reclassification of anemia, the therapy of myasthenia gravis, and the elucidating differential diagnosis of uremia, dyspnea, and others. Especially worthwhile chapters are those on pneumonia, pain, diabetes, nephritis, shock and collapse.

Officials Abuse Charity

Uncle Sam not only has a finger in medicine these days, but when it comes to handing out free medical care, believes Dr. Henry C. Macatee of the District of Columbia, he is altogether too generous with the members of his immediate family, so to speak.

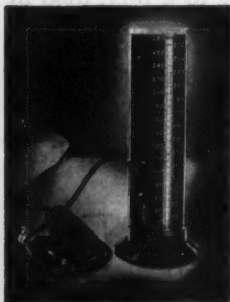
Among the many resolutions adopted by the House of Delegates of the A.M.A. at its recent convention was one by Dr. Macatee protesting what he called the common practice of men high in public service receiving free medical treatment in government hospitals and clinics at Washington.

The resolution specifically mentioned cabinet members, senators, representatives, and their families as among those accused of accepting free treatment at the expense of the taxpayers of the United States.

Shall We Submit To Lay Control?

[Continued from page 19]

principle number two. Examination of the experience of mutual aid societies abroad indicates that



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For Hospital and Office

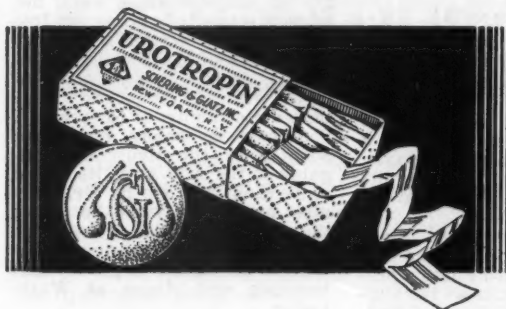
The first manometer designed to meet hospital requirements, with extra durability that also suits it for office use. The entire front is one piece Bakelite. The back is overlaid with chromium-plated metal. The non-tipping base is the main feature. A hook holds the inflation system and acts as a handle for carrying.

B-D PRODUCTS

Made for the Profession

BECTON, DICKINSON & Co., RUTHERFORD, N. J.

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UROTROPIN is methenamine in its pure form. Make certain that your patient receives it on your prescription. Like all S. & G. tablets, it bears this Quality Mark.

● For better preservation and for hygienic protection, Urotropin is now supplied in sanitape strips. Specify original packing in your prescription. No name appears on the sanitape. Available in 5 grain tablets, 30 to a box, and 7½ grain tablets, 20 to a box; also in larger quantities.

● Urotropin is accepted by the Council on Pharmacy and Chemistry of the A. M. A. for inclusion in "New and Nonofficial Remedies."



UROTROPIN

(BRAND OF METHENAMINE)

The Formaldehyde-Liberating Urinary Antiseptic

SCHERING & GLATZ, INC., 113 WEST 18th ST., NEW YORK CITY

although they are organized to give financial relief in time of illness, the quality of service is considered purely incidental. No system of sickness insurance can, in a democracy, develop into anything but a political plaything.

•

The idea of distributing costs of medical care over groups of people is an excellent one, if it were only feasible. Unfortunately, it requires a change in human nature to such a marked degree that no person shall mind paying for another's sickness. Then, too, think of the tremendous increase in imaginary illnesses that arise under health insurance systems!

It is suggested that the cost of medical care should be distributed over periods of time. This is no innovation, it is already done. In fact, too large a percentage of the cost of medical care stretches to infinity, as any doctor's files will show! Periods of time do not help a great deal. The obstetrician's patient, for example, has at least nine months to save up the amount of the ultimate bill. Yet how many of them do it?

As for the suggestion that the cost of medical care should be met through further taxation, the taxpayers of this country are already paying millions of dollars for medical care of people in their public hospitals, a considerable percentage of whom, it has been proved, are quite capable of paying private practitioners.

Naturally, we have no fault to find with the statement that those who render medical care

should be adequately remunerated. However, we do feel that an organization outside of medicine is not in a position to define what adequate recompense is. All that we physicians have ever wanted is a decent living, but *we want it by our own efforts.* We shall make our own charges and do our own charity work.

After all, who can set a value on a physician's services? There is no standard except what the medical man considers his time is worth, and what his patient can afford to pay. Certainly he seldom charges for his skill.

The matter of remuneration had best be left to the physician, for he is invariably fairer to his patient than to himself. If laymen attempt to set up standards of remuneration, they are liable to rise higher than they are now.

•

Obviously, quality of medical care should not be sacrificed to economy of cost. However, the public should be educated to accept the neighborhood physician as the skilled person he really is, quite capable of taking care of ninety per cent of its ills, and capable of advising it when a specialist is needed. Unfortunately, economists seem to have the idea that the public in general goes to specialists they can not afford because they actually *need* their services. How blithely they overlook the importance of human vanity and bridge table conversations!

The medical care of the dependent and indigent sick is an obligation of society, remarks Dr. Falk. Up until now, it seems, it has been the obligation of the

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COUNCIL ACCEPTED . . . a colloidal silver chloride compound, white, clean, non-irritant, economical.

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Eminently effective in Gonorrhea in as low as 2% solution.

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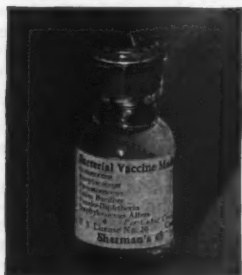
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GON A-VEE

GONOCOCCUS
COMBINED ANTIVIRUS

for ACUTE and CHRONIC GONORRHEA

● **Sherman Bacterial Vaccine 49 in 12½ cc. vials is recommended as an adjunct to Gon A-Vee in the treatment of both acute and chronic gonorrhea—providing a higher systemic immunity and insuring uniformly better results.**



Gon A-Vee is a bacterial antigen made from Gonococcus, Staphylococcus, Pseudo-Diphtheria Bacillus, Streptococcus, Pneumococcus and B. Coli filtrates, combined in a semi-liquid adherent antiseptic base. It is recommended in the treatment of acute and chronic specific and non-specific urethritis of the male and female and also in vaginitis of children.

It is packaged in collapsible tubes—each tube an individual treatment for local application—and each package an average week's treatment.

This new and revolutionary biologic for gonorrhea shows an extremely high efficacy. A wealth of clinical evidence and statistical data (supplied upon request) supports this view. Write for complete information—or use the coupon below.

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FREE... with every order of
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bined vaccine No. 49, used as
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Please supply one 12½ cc. vial Vaccine 49 Free
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Dr. _____

Address _____

Druggist _____

Address _____

medical profession alone, for we are the only ones who give our services free of charge. Not only do we not receive any pay for the treatment of the truly indigent, but we do not want any.

All we seek is to eliminate the taking advantage of our good nature by patients who *can* pay a fee and by hospitals which accept them as charity. Unless these abuses are eliminated soon, rest assured that the profession will take the matter up in a drastic way. Unfortunately, some of the really indigent may suffer in the wreckage.

Passing on to Dr. Falk's point number seven, it seems to us that the cost of medical care is always a burden to anybody, be he millionaire or wage-earner. He is paying for something that lacks three dimensions; and the ordinary human mind finds it difficult to conceive why some tangible thing should be sacrificed in order to pay for an intangible like medical care.

One hundred per cent of the population know that at one time or another there will be sickness. But at least 75 per cent of them refuse to recognize the fact and make provision for it.

There is nothing new in the idea that the cost of medical care should be distributed according to ability to pay. It has always been thus. The only patient who gets caught outside this rule is the one who insists on passing by good medical service that he can afford and insisting on super-service that he does not need.

When John Jones, in the lower

income bracket, buys a car, despite the fact that he would much prefer a Rolls-Royce, let us say, he selects one in the low-priced field.

On the other hand, let him need an appendectomy, and he will pass over a hundred good surgeons capable of performing a perfect operation for a moderate sum, and go to an outstanding man whose price he knows is very high. From him he will demand a reduction in the regular fee. The same is fully as true in medicine as in surgery.

"Today medicine stands at the crossroads." Thus Dr. Falk begins the article in which are incorporated the ten principles to which we refer.

In our humble opinion, medicine is not standing at any crossroads—it is quite a way down the wrong road, where it has been led, partly, because of its own fault in giving everything away.

Medicine finds itself at present competing with lay agencies—competing not for the right to make a living so much as for the right to practice medicine as years of experience dictate it ought to be practiced.

We have not dealt with each of Dr. Falk's ten points in turn or at any length, yet it seems to us that in general they may be demonstrated as being either impractical, self-evident, or unfair to the medical profession.

Does medicine need lay dictators? Must we be told what to do, how to do it, and when to do it? We think not. On the contrary, we strongly incline to the

GENOSCOPOLAMINE

NEW, non-toxic
Scopolamine alkaloid

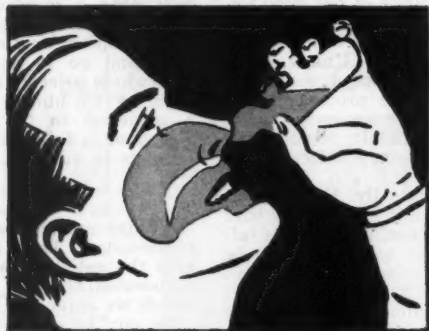
WITH Genoscopolamine all the distressing symptoms of Parkinson's disease show marked alleviation; particularly the type which follows epidemic encephalitis.

Literature and Samples to physicians on request

A. DEBRUILLE,

23 West 64th St., New York City

Safe, Speedy Symptomatic Relief for **HAY FEVER, ROSE COLD etc.**



SINASIPTEC **AND NASAL HYGIENE**

What is necessary for hay fever relief? Simply this—(when depollenization is too costly for patient)—decongestion of the inflamed, turgescenced membranes and cilia that line the respiratory tracts.

**You can depend on SinaSiptec to
help greatly in this routine.**

It affords almost immediate relief, allowing hay fever victims smoother breathing, freer drainage of the sinuses, reduction of sneezing and watery exudation. These end results, lasting from two to three hours, tend to aid in the gradual restoration of normal respiration activities. While affording relief after the attack is present, it is even more efficacious when used as a preventive. Advise sufferers from the fall variety to begin using SinaSiptec at once.

SinaSiptec douches are of material assistance in the alleviation of nasal and oral aggravations due to rhinitis, coryza, catarrh, and the like.

See for yourself. A generous supply of SinaSiptec for clinical use, together with booklets on care of nose and mouth (for your patients), will be sent you at once. Just fill in the following:

AMERICAN DRUG CORP., ST. LOUIS, MO.

Please send generous clinical size of SinaSiptec and booklets.

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M.D.

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belief that we doctors can handle the affairs of the sick, medically and economically, better than can any self-appointed outside agency.

If reformers are as much concerned with genuine benefits to society as they profess to be, might it not be better for them to leave this whole job of adequate medical care for the public right where it belongs—with the medical profession?

Scalpel-Wielding In Labrador

[Continued from page 17]

the greatest area of the Labrador. But the population is so widely scattered that long and difficult trips must be undertaken both winter and summer—by patients to reach doctors, and by doctors to reach patients. Because of the difficulty of travel, it is often necessary to keep patients at the hospitals who could otherwise be treated at home.

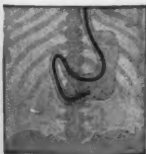
Tuberculosis and nutritional diseases offer the greatest problems today, according to Dr. B. J. Delatour, a director of the Mission, who last year made a medical survey of Labrador. Reports from the larger hospital units show that 75 per cent of the patients being treated were T. B. sufferers. At present, there are no facilities for caring for these patients in separate units, and as soon as some progress has been made in their cure and they have been taught how to care for themselves and to safeguard their families, they are sent home.

Preventive medicine has become a major project of the Grenfell doctors. To eradicate beriberi, rickets, and other nutritional diseases, the Mission has to dig literally into the very soil of the country. For until the Mission established farms, it was as futile to prescribe a diet of fresh greens and vegetables for the Livyeres as to order them to stop having babies every year.

Remarkable progress is being made with the farms, and the old Labrador diet of salt fish, tea, and cakes made with white flour is being supplemented generously with fresh foods and whole wheat products. But it will still be many years before rickets disappears among the people who harvest a large part of the world's supply of cod liver oil.

"Doctors who are doing research in nutritional diseases will find the Livyeres intensely interesting patients," Dr. Delatour believes. "In many communities adequate diets are being introduced for the first time, and the therapeutic value of the planned health regime becomes daily more evident."

A campaign is now being waged against typhoid and diphtheria. Last summer an epidemic of typhoid broke out in White Bay, and although it was soon checked, it provided plenty of work for the summer doctors as well as for the rest of the staff. Some of the patients were transported by motor boat and hospital ships to the hospital at St. Anthony, and three hundred in the district were immunized. As soon as the typhoid epidemic had been controlled, all the children in the district served



An IMPROVED Duodenal Tube

Dr. Twiss' new Duodenal Tube is a remarkable new tube with bucket and terminal swivel weight that easily guides the tube and bucket thru the pylorus into the duodenum. The slightly larger tubing used—which is also more elastic—tends to prevent looping in the stomach. The bucket slots allow free flow of fluid. Concavity prevents adherence to visceral walls.

See it at all ethical surgical supply dealers! \$3.50

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For TRUE ASEPSIS



... the Bubbling Nascence of Dioxogen

For high germicidal power without injury to the most delicate membrane, we proffer DIOXOGEN. It can be used safely for slight hyperemia or for the treatment of various vaginal infections . . . for any situation where the employment of an oxygen-liberating antiseptic is indicated.

DIOXOGEN is 20% stronger and four times as pure (measured by permissible solids) as the U.S.P. designates.

Its greater purity and light-proof container assures longer stability and definite potency. For the doctor's office, for the hospital, for the dentist's office, for the home . . . wherever and whenever an efficient yet safe germicide is required, specify

Dioxogen

*The Better Oxygen Antiseptic
in the Green Package*

LITERATURE ON REQUEST

THE OAKLAND CHEMICAL CO.

59 Fourth Ave.

New York, N. Y.

by St. Anthony were immunized against diphtheria.

The typhoid epidemic meant a double job for the Grenfell doctors. First the patients had to be cared for, and those who had been exposed inoculated. Second, the doctors instituted a vigorous public health campaign.

"The Livyeres still pay no attention to the location of their wells," says Dr. Delatour, "and last year's epidemic was a direct result of contaminated drinking water. In a few years the Mission dictors will have made such epidemics impossible.

"The doctors are also urging the building of roads so that

hamlets will no longer be isolated. The present difficulty of travel makes each small fishing settlement a world apart; and inbreeding which seems inevitable is further weakening the Livyere stock. To eliminate it, roads must be built, and the country must be opened up."

In Labrador there are few medical problems that are not closely bound up with social and industrial issues. The work that Dr. Grenfell has cut out for the Mission doctors is social as well as medical. Remarkable work has been accomplished in both fields, but there is still plenty more to be done.

Page the Consultant!

[Continued from page 39]

nary condition. Ten to one he thinks it is anyway, so if you confirm his opinion he is certain to be flattered and feel that you

know what you're talking about.

Your consultant may not be as good a practitioner in many respects as you are. Nevertheless, if you maintain an open mind, you stand a good chance of learning something from him. Quite

INFLAMMATIONS in the G.-U. TRACT?

SANMETTO

A palatable preparation of
Sandalwood, Saw Palmetto, Zea.

DOES NOT NAUSEATE or PERFUME THE BREATH.

ITS SOOTHING AND PROPHYLACTIC ACTION ALWAYS
REDUCES INFLAMMATION AND RELIEVES PAIN.

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FOR VINCENT'S INFECTION

BACILLUS fusiformis and the Spirillum (Borrelia Vincenti) of Vincent and Plaut, anaerobic organisms, are the etiologic factors in the bacteriology of Vincent's Infection. The use of an oxidizing agent is particularly indicated for inhibiting the growth of anaerobic organisms. Sodium Perborate liberates 9 per cent available oxygen and is, therefore, considered of specific value in the treatment of Vincent's Infection (Trench Mouth).

Merck Sodium Perborate Flavored is widely prescribed for various forms of tonsillitis,

pharyngitis and rhinitis, as well as for Vincent's Infection. It is effective, safe and pleasant to use. The peppermint flavor leaves a clean, refreshing feeling in the mouth. Your patients may obtain Merck Sodium Perborate Flavored at drug stores in 2-oz. and 1/4-lb. tins.

Send for literature on the treatment of certain diseases of the mouth, nose and throat with Merck Sodium Perborate Flavored. A complimentary package will also be sent to you. Use the coupon.

● MERCK & CO. Inc.
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Rahway, N. J.

I am attaching my professional card (or letter-head). Please send office supply of Merck Sodium Perborate Flavored and literature.

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City..... State.....



possibly some minor point brought out in the consultation will mean a whale of a lot to you in handling similar cases later on. Then, too, the consultation will give you a chance to check and double-check your own findings.

Calling in a consultant without hesitation, when one is clearly needed, may have the further advantage of preventing your discharge from a case. Not infrequently a patient wants to hear what some other doctor has to say about his case, and if you object to his doing so you may soon find the other man standing in your own shoes instead of simply in the position of a consultant. Make certain before you mentally upbraid a patient for changing doctors that the fault is not yours.

Then there's another angle to this business of consultations: Sometimes you will come across a case where the patient, a person of importance, appears to be definitely on the downgrade yet where he and the family are absolutely confident that you are doing everything that can be done for him. In such an instance it is a good idea to have a brother practitioner come in and share

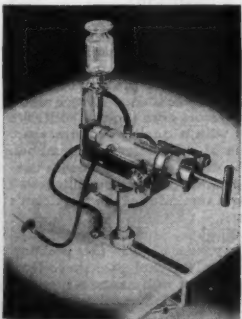
the responsibility with you. Certainly no harm can come of it, and perhaps a good deal of protection will be afforded you if friends of the patient, not so confident of you as he, are inclined to noise it about that your incompetence is to blame for his physical decline. It's not so easy to accuse *two* physicians on a case.

Once you convince yourself of the advisability of getting a consultant for a certain case, the next step is to decide whom to call. If you are tempted to make your choice by the toss of a coin, *don't*.

On the contrary, use all the discrimination you can. Select a man who you know is an expert in treating the condition present. Then be sure his fees are in line with the patient's ability to pay.

Whether the patient calls at the specialist's office or is seen at home, it is best for the family physician to be present at the time. This enables him to become familiar with the consultant's methods of examining, and at the same time it impresses the patient favorably.

Not every consultant need be a specialist, of course. Many



B-D PRODUCTS

Made for the Profession

THE NEW B-D MEDICAL CENTER BLOOD TRANSFUSION OUTFIT

offers an improved method with greater transfusion speed and less danger of coagulation. Excepting needles, the blood comes in contact with glass and rubber only.

Simple in construction and in operation. Everything under visible control. It includes safety factors preventing injection from recipient to donor, automatic counter, simple operating procedure for lubricating with sodium citrate, flushing or cleaning syringe. No interruption when injecting saline into donor or recipient.

BECTON, DICKINSON & Co.
RUTHERFORD, N. J.

THE ULTIMATE IN MARRIAGE HYGIENE



● Nearly every doctor's experience has definitely proved that *Vaginal Antisepsis* ALONE, by use of only a jelly, suppository, or douche solution, is far from reliable for Marriage Hygiene, while rubber "prophylactics" are unsatisfactory and often undependable.

● The method now accepted is based on the combination of a diaphragm, to provide dependable occlusion of the cervix, and an antiseptic jelly. This method affords a double protection, which may be prescribed with implicit confidence where therapeutic conditions demand positive reliability for the protection of the life or health of a patient.

Diaphragms may now be prescribed

● The new-type Cap Diaphragm, Brown (Lanteen), represents the most advanced design. It places in the physician's hands a reliable method that may be prescribed without the necessity of performing a fitting. It is made of strong unbreakable rubber but is velvety soft,

unfelt and unnoticed. One standard size fits all normal anatomies, providing dependable occlusion of the cervix. Plain, illustrated instructions included in the package make it simple for the patient to learn the easy and correct placement.

● The Brown (Lanteen) package includes, besides the Cap Diaphragm, a tube of Antiseptic Jelly, three c. c. of which is placed inside the dome before each insertion.

Lilac (Lanteen)

● Where an office fitting is made with the hemispherical (Mensinga type) diaphragm, the proper size may be prescribed under nomenclature of Lilac (Lanteen), with assurance that drug stores can promptly fill such prescription with a quality product, exact in size, made of soft, steam-cured rubber. The Lilac (Lanteen) package likewise contains a tube of antiseptic jelly and illustrated directions as a reminder of the physician's instructions.

● If preferred, physicians will be supplied direct with any item used in this practice, furnished in professional packages. Doctors not yet familiar with Lanteen products are invited to write for our Special Introductory Offer. Physician's literature and special price list on request.

LANTEEN MEDICAL LABORATORIES, INC.
900 N. Franklin Street
Chicago, Illinois

men devote a good deal of time to their favorite branch of medicine, but because they lack enough work in that field to limit themselves to it they conduct a general practice instead. Such doctors may, for all practical purposes, be as well versed in a certain ailment as some high-priced man from a distant city—hence, a lot easier on the patient's exchequer.

Even a general man who knows less about a case than you do sometimes fits in nicely as a consultant if all the family needs is an expression of reassurance that everything is being done which is humanly possible.

The financial consideration involved in the calling of a consultant is one that has caused no end of misunderstanding. Regardless of how much money they may have, patients sometimes need the most expert attention they can get.

Should you happen to have under your care a case of this sort, remember that the average specialist is not a bad sort, after all. More than likely if a patient who happens to be desperately in need is referred to him he will be as reasonable as he possibly can in his charge. I am not a specialist or even a semi-specialist, but my experience has been that there are no more Shylocks among them than there are among the rest of us.

In serious cases, especially, you will find that most people are quite willing to pay a consultant's fee. They realize that "the best is none too good," and they expect to pay for it—pro-

vided the physician requests his settlement promptly, while the patient's appreciation is in full bloom, not months later when it has faded and withered.

Exit the Patient

[Continued from page 51]

Be encouraging when you explain the patient's ailments to him. Assure him always (when you can do so honestly) that there is no reason why he should not get well, or at least that you hope to be able to improve his condition. For if you can't do this last, you have no right to treat him at all.

Above all, never leave a patient without some cheering word. If you find him better, say so; if not, tell him he is holding his own. If you can't say even this, then tell him he might be a lot worse than he is. While he is still breathing such a statement is always true. And it is certainly much more encouraging than the gravely shaken head, and "Have you made your will?.. Better send for your relatives."

Try to remember the names and faces of all your patients, present or past. Whenever you meet them on the street, in stores, at church, or anywhere else, speak to them, call them by name, tell them how well they are looking. Ask about their troublesome symptoms.

Never, never leave a patient anywhere at any time, without saying "You're looking better" or "You're going to get better" or "There's no reason why you



Nujol has long been approved by the profession as of correct viscosity and assured purity for lubrication therapy. Nujol is now available in emulsion form as Cream of Nujol. This new preparation is extremely palatable. Both products are non-medicated and their action is entirely mechanical. For samples address Stanco Inc., 2 Park Ave., N. Y. C.



HEINZ UPSETS FALLACY

Concerning Strained Foods

**Tests reveal higher vitamin content in
Heinz Strained Foods
than in most home-cooked vegetables**

THERE is a widespread belief that infants are assured a higher vitamin value when fed so-called fresh market vegetables cooked and strained at home.

Yet impartial tests, conducted under qualified scientific supervision, prove that foods prepared by ordinary home methods are lower in both vitamin and mineral content than are those prepared by Heinz.

If you could see these carefully grown Heinz vegetables harvested, right at the peak of their perfection, and rushed to the Heinz kitchens for immediate preparation—if you could examine Heinz modern equipment and witness Heinz methods—the reasons for this fuller content of vital qualities would be obvious.

Heinz cooks and strains these foods without exposure to air. There is no long-time boiling, no pouring off of cooking water. The result is a thoroughly cooked, finely-strained, easily digested, extra thick purée, with full mineral content and vitamin value highly retained.

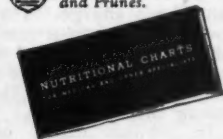
Then Heinz seals these foods, under vacuum, in enamel-lined tins.

There clear fresh color and flavor make them readily acceptable even to finical babies.

In prescribing Heinz Strained Foods, you are assured, uniformly through the year, a more highly retained vitamin and mineral content than can be achieved through ordinary home methods.



Heinz Strained Foods include 8 varieties—Mixed Vegetables, Peas, Green Beans, Tomatoes, Carrots, Spinach, Beets and Prunes.



PLEASE ACCEPT THESE NUTRITIONAL CHARTS

A useful reference manual of authenticated up-to-the-minute data concerning vitamin and mineral content of many types of food. The charts have been compiled under qualified scientific supervision. We shall be glad to mail you a copy of this useful manual on receipt of your request. Address H. J. Heinz Company, Dept. ME107, Pittsburgh, Pa.



HEINZ Strained Foods

A Group of the 57 Varieties

shouldn't get well." Always say *something* of the sort, and make it sound reassuring and hopeful.

If I seem to overemphasize this it is because nothing can be more important.

Such practical psycho-therapy can be applied by every physician; yet it is saddening to see how consistently it is neglected. Some doctors actually pride themselves on a gloomy attitude; they call it "conservative."

When I was in school, nearly thirty years ago, students used to be warned never to tell a patient he was going to die. To prove the folly of doing this we were reminded of the sick man, given twenty-four hours to live, who acted as pall-bearer at his physician's funeral a quarter of a century later.

No doubt medical students still receive this warning, and I want to stress it doubly here—but for another reason. Never tell anyone he must die—not because of the few tough ones who will survive in defiance of your dictum, but because of the many suggestible invalids who will believe you and will die with entire docility, simply because you, the doctor, told them to do so.

Remember that to your patient you represent the supreme authority, the court of last resort. When *you* give up hope, he desponds; the suggestive effect of your verdict is tremendous. It

will often destroy the last possibility of recovery. Many a man lies in his grave today because his doctor told him there was no hope at a moment when one word might have turned the scales in his favor.

Never give up! Remember that people do sometimes recover from the most desperate diseases and injuries, that even malignant tumors have been known to disappear spontaneously. Very rarely? Yes! Yet one chance in a hundred thousand is worth taking when the stake is a human life. Certainly enough people will die without your help. No need to add to the toll.

And, after all, a saved life usually means a grateful patient, whereas few doctors increase their practices by writing death certificates.

Many patients are alienated by tactlessness. I have known politically-minded doctors to engage in campaign arguments at the bedside, to bring the patient's temperature up two degrees, perhaps, by abusing his pet statesman. The physician, like every other citizen is entitled to his opinions in politics and religion, but he has no right to bring them into the sick-room. He is not hired to lecture.

The patient himself may be captious and opinionated. That is his privilege as an invalid. He may insist on giving you a load of his ideas on how this world should be run. And if he does

RESULTS ARE WHAT COUNT

THE rearrangement of the molecules of the structural units of *Befsal* impart to it internal antiseptic and curative values without causing undue irritation to the tissues or of disturbance of the physiological integrity of the blood. Hence *Befsal* may be used continuously in adequate dosage over prolonged periods to react on the causative factors of *Arthritis* without detriment to the patient.

Marketed in boxes of 100 and bottles of 1000 five-grain tablets.

Literature on Request

EST. of DR. S. LEWIS SUMMERS, AMBLER, PA.

No. 6 of a Series of Advertisements Prepared in the Interest of Acetanilid U.S.P.
by the Emerson Drug Company



Various types of Visual Aura to which Migraine patients are Subject as Pictured in Color in "MIGRAINE-DIAGNOSIS AND TREATMENT" by Ray M. Balyeat.

ACETANILID IN MIGRAINE

ACETANILID has more to recommend it than any other analgesic drug. Its action is more certain and is secured with smaller doses. Its action is more lasting and unpleasant side effects are less likely to occur than with other similar drugs.

When used for recurring attacks, the dose does not have to be increased to be effective, nor is it prone to cause skin eruptions which may result from other analgesics and

it does not produce agranulocytosis.

In therapeutic amounts it is a mild drug, is non-toxic and does not depress the heart—yet is effective.

As pain and nervousness are invariably present, the best way to give acetanilid is combined with a sedative in an effervescent mixture. Its insolubility prevents any excessive dose, as only about a therapeutic dose will go in solution in $\frac{1}{2}$ glass of water.

EMERSON DRUG COMPANY
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you must listen. You're being paid for it.

At all events let him talk. Agree with him if you can; if you can't, keep quiet. After he gets well you may tell him what a fool he is—if you can afford it.

Remember, also, that no invalid enjoys competition. You may have had an operation yourself; you may have had the same disease from which the patient now suffers; and you may have been a lot sicker. *But don't tell him about it!*

He won't believe you, anyhow. He knows *he* is the sickest man in the world. He will merely resent your bragging about your own picayune difficulties in the face of a really serious disease.

You may have a headache or a toothache. You may be convinced that you feel much worse than the patient does. But don't look to him for sympathy. Remember that nobody is ever sorry for a sick doctor. When our Savior hung on the cross they mocked Him, saying, "Physician, heal Thyself!" And ever since, the sick physician has been met with the same unfeeling jeer. "Why, a doctor ought never to be sick," they'll tell you.

So you may as well take it and like it, because you can't do anything about it. Talk to your patients about your own sicknesses and they will simply choose another doctor, on the ground that

if you can't keep yourself healthy you probably won't do them any good either.

Your patients expect sympathy from you. They have none to spare for you. If the truth seems too hard to bear, better take up plumbing.

One last word: Beware of careless remarks about any invalid's condition. Phrase your comments with vast care. Never say to a man with a left-sided apoplexy, "Why, you haven't developed any speech difficulty." For he may go home and work up a psychogenic aphonia. It has happened.

Don't say to a Parkinson patient, "You have no tremor." For he may begin to shake. If you must mention symptoms which have not yet appeared (and it's better not to) at least refrain from suggesting that they are probably on their way.

Similarly, if a woman tells you she has a morbid fear of pneumonia, and has always believed that she would die if she developed it, don't thump her chest and say, "You've got pneumonia!" Use a bit of tact. Talk about "capillary bronchitis" or "pulmonary congestion." Again, this seems a needless caution; yet I have known physicians to be guilty of such displays of thoughtlessness more than once.

When a sick man tells you "I'm

Mail
the
coupon

MICAJAH'S SUPPOSITORIES

for rectal application, accomplish all that is possible of medical treatment in hemorrhoids. They relieve pain, relax spasm and shrink the hemorrhoidal tabs. Many physicians use them successfully prior to injection treatment. One Suppository is inserted into the rectum at bed-time.

Advertised since 1883 to the Medical Profession exclusively.

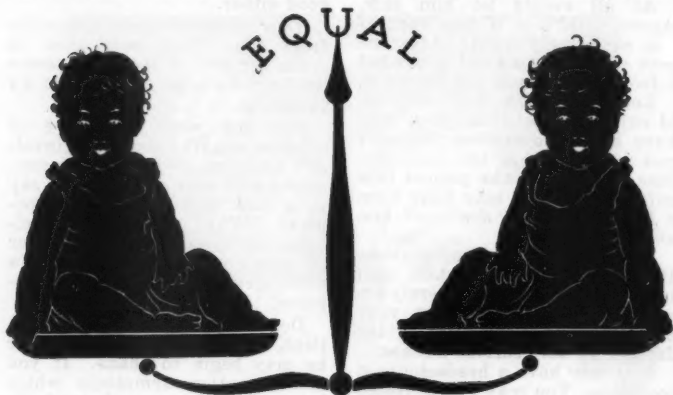
SAMPLES ON REQUEST

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THE SCALES MAY LIE!



Two babies may weigh alike . . . look equally healthy. BUT . . . the scales may lie! A child turgid with fat and water is *not* as healthy or as resistant to infection as the child with more *living*, firmer tissue.

DRYCO builds substantial babies. Twenty years of clinical reports have proven this. Its greater protein and mineral content tend towards optimum nutrition . . . particularly valuable in the stages of rapid growth. DRYCO's low

(yet ample) fat content aids easy and rapid digestion and assimilation even in cases where food concentration is necessary.

The Vitamins are practically unimpaired. Vitamin "D" is abundantly supplied to DRYCO by irradiation.

For results . . . for building vigorous babies with a minimum of infant complaints . . . prescribe DRYCO.

Case reports and samples on request.



DRYCO

Stands Between Babies and Summer Troubles



Made from superior quality milk from which part of the butterfat has been removed, irradiated by the ultra-violet ray, under license by the Wisconsin Alumni Research Foundation (U. S. Pat. No. 1,680,816) and then dried by the "Just" Roller Process.

THE DRY MILK COMPANY, INC.

Dept. ME, 350 Madison Avenue, New York, N. Y.

afraid I've got such-and-such a disease, and if I have I know I'll die," that's your cue to lie, if necessary. For to tell him he has that disease may be tantamount to pronouncing a sentence of death; and if you do it you'd better ask him his mother's maiden name and birthplace so you'll have the data right.

In short, remember that hopelessness and fatalism are what kill thousands. And dead men don't advertise their physicians.

Not favorably, at least.

The Doctor and His Investments

[Continued from page 43]

fall recovery is in sight, a real boom can and probably will occur, carrying stocks up to the 135-150 level in the industrial average.

On the contrary, if a fall recovery should *not* take place, the ugly alternative appears to be currency inflation. Thus far, we have had no real inflation, either of currency or credit. Indeed, business loans continue to be liquidated and the volume of industrial credit outstanding today is less than it was three or six

months ago, despite the fact that excess reserves have reached astronomical heights.

If private credit does not expand noticeably this fall, plausible evidence will be given for the contention of the Southwestern Senators that the way to raise prices is to inflate the currency directly, either by issue of greenbacks or silver monetization, or both.

It should be recalled that the delegations that were solidly For-Roosevelt-Before-Chicago were Southwestern representatives. They have always been inflationists at heart. They still hold the trump cards in Congress, as they did at the Chicago Convention, and the President has never flatly opposed them on monetary measures. Indeed, in signing the silver bill he reiterated his desire for a dollar of "more equitable purchasing power."

If, then, prices fall, as is threatened this summer, the desire for "more equitable purchasing power" can only mean, if it means anything at all, further currency depreciation.

This further depreciation, though, will probably not be attempted until after the Administration has succeeded in selling more long-term bonds to the public.

THE B-D BUSER AUTOMATIC INJECTOR



relieves the patient's nervous uncertainty during self-injection. The patient loads the syringe and trips the trigger. The needle penetrates at the right depth and angle. The B-D Buser Automatic Injector is compact, and simply constructed of chromium-plated metal. The guard is adjustable to several needle sizes.

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FOR HYPERTENSION

Pulvoids Natrico Reg. U.S. Pat. Off. Brunton-Thrush Formula

.. During the summer months—when high blood pressure becomes more prevalent . . . Though at any time this condition is serious and requires prompt relief.

.. **PULVOIDS NATRICO**—Brunton-Thrush formula, containing potassium nitrate, sodium nitrite, nitroglycerin and crataegus oxyacantha—sugar coated, green color to dissolve in the intestinal tract, thus avoiding gastric disturbance.

.. Packaged—In boxes of 20 bottles, each containing 50 Pulvoids 373 Natrico \$5.00, mailed free if cash with order.

SPECIAL ONE TIME OFFER FOR PROMPT ACCEPTANCE.

200 Pulvoids 373 Natrico for \$1.00, cash with order.

For booklet on **SYMPTOMATIC TREATMENT OF HIGH BLOOD PRESSURE**, and to order, clip and attach to your prescription form or card, and mail to:

Made in U. S. A.

THE DRUG PRODUCTS CO.
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NEW YORK.



FOR ARTHRITIS

Sulisocol Reg. U.S. Pat. Off. Colloidal Sulphur Isotonic

.. In the treatment of Atrophic, Hypertrophic and Mixed type Arthritis—this accepted Colloidal Sulphur in Sterile Aqueous Isotonic Solution has proved beneficial . . . Too, it is beneficial in certain dermatologic conditions.

.. Unlike ordinary sulphur suspensions—Sulisocol is practically painless to inject—producing no immediate violent reactions . . . Malaise and pyrexia do not follow . . . It is non-toxic and non-irritating.

.. Prepared in 1 cc Hyposols (Ampuls) for ordinary use and 2 cc Hyposols for chronic and more severe cases—each representing 10 Mgm. (1 cc) and 20 Mgm. (2 cc) of Colloidal Sulphur in Sterile Aqueous Isotonic Solution.

.. Packaged—1 cc Hyposols Sulisocol
25 for \$5.50
100 for 18.00
2 cc Hyposols Sulisocol
25 for \$8.50
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Mailed free if cash with order.

For booklet on **SULISOCOL**, covering **ITS ACTION AND THERAPEUTIC USES**, and to order, clip and attach to your prescription form or card, and mail to:

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Literature & Samples



SAMPLES OF PONARIS OIL: Practitioners who wish to make a trial of what is claimed to be the very latest medicament for chronic catarrh, sinusitis, hay fever, and head colds, may obtain free literature and samples by writing Eimer & Amend (ME 7-34), 18th to 19th Streets, New York, N. Y.

SAMPLES OF MAGMA SULFORATA: A Lotion Alba concentrate in cream form, this preparation is indicated for the treatment of acne rosacea and allied conditions requiring stimulating, astringent, and keratolytic action. For samples, case histories, and descriptive booklet, address your request to Sulfur-Ex Co., Inc. (ME 7-34), 811 W. 59th St., New York, N. Y.

SAMPLES OF PICOCHROME: This product is described as an advance in Peroral dye therapy of the infected urinary tract, bacteriostatic against B. Coli, streptococcus, staphylococcus, and gonococcus. Samples are offered by the Picochrome Corporation (ME 7-34), 80 Wall St., New York, N. Y.

SAMPLES OF KABA: The sap of the bassorit tree, which, it is said, swells in the bowel to eighteen times its own bulk when it comes in contact with water, is the chief ingredient of this physiologic laxative. It is augmented by vitamins B and G, to help restore normal motility. For literature and a trial package of this prescription product, not advertised to the public, address the Battle Creek Food Co. (ME 7-34), Battle Creek, Mich.

SAMPLES OF HEPVISC: Reduction of blood-pressure effected by Hepvisc is claimed to be remarkably prompt and lasting. Should you like to try it in your next case of hypertension and test the therapeutic results with your sphygmomanometer, you may obtain samples and formula of Hepvisc by sending a card or letter to the Anglo-French Drug Co. (ME 7-34), 1270 Broadway, New York, N. Y.

SAMPLES OF ADHESIVE: Physicians are invited to accept a generous roll of adhesive for testing purposes. Address your request to Bauer & Black (ME 7-34), 2500 S. Dearborn St., Chicago, Ill.

SAMPLES OF NUPERCAINAL "CIBA": Sunburn time is here again. For "blistering" sunburn this soothing and easily applied ointment is said to bring quick and lasting relief—by anesthesia. Write the Ciba Company, Inc. (ME 7-34), 627 Greenwich St., New York, N. Y. for literature and samples.

PROGYNON-B: This new product is said to be the most highly concentrated follicular sex hormone science has been able to devise, and it is indicated in severe cases of female sex hormone deficiency. Progyron-B in a solution of oil is also claimed to be a demonstrated success in the treatment of primary amenorrhea, infantilism, severe cases of menopausal disorders, etc. Address the Schering Corporation (ME 7-34), Bloomfield, N. J. for free literature.

SAMPLES OF FOMOS TABLETS: Hydroquinone (quinol), said to be one of the most potent spermaticides known, is incorporated in the formula of Fomos, the effervescent tablet for feminine hygiene. This professional vaginal antiseptic is never advertised to the public. For literature and samples write the Fomos Laboratories (ME 7-34), 207 Fourth Ave., New York, N. Y.

SAMPLES OF ANEMONIN: This product is claimed to be a readily absorbable and constructive tonic and hematinic for anaemia, secondary anaemia, chlorosis, neurasthenia, general debility, and in convalescence. Both free literature and samples are available by writing the Strauss Laboratories (ME 7-34), 1328 Broadway, New York, N. Y.

TECHNIC AND HANDLING SUGGESTIONS FOR X-RAY PAPER: To physicians who are interested in the idea of making roentgenographs on paper there is offered a mimeographed bulletin giving practical suggestions on how to get good results with the use of X-ray paper. Address the Defender Photo Supply Co., Inc. (ME 7-34), Rochester, N. Y.

SHERMAN A-VEE PREPARATIONS: These preparations contain the antiviral principle for the treatment of pyogenic infections of the skin and its appendages. Some, for the treatment of the milder in-

Schering introduces

PROGYNON-B

U. S. & Can. Pat. applied for

Basic acid ester of dihydro follicular hormone

Trade Mark Reg. U. S. Pat. Off.

IN A SOLUTION OF OIL

**For the MOST SEVERE cases of
Female Sex Hormone Deficiencies**

Progynon-B is the most highly concentrated follicular sex hormone science has been able to devise. It is also the most effective. The concentrations are greater than can be obtained with any other known product. The hormone is slowly absorbed in the body over a period of days. Progynon-B in a solution of oil has been demonstrated to be successful in all cases of hormone deficiencies, such as primary amenorrhea, infantilism, and the most severe cases of menopausal disorders.

Available to the medical profession as follows:

Bases—1 ampule—2000 R. U.

Bases—3 ampules—2000 R. U.

In AVERAGE cases we are still recommending

PROGYNON

Trade Mark Reg. U. S. Pat. Off.

in tablet and ampule form as follows:

Bottles of 30 tablets, each containing 45 R. U.

Bottles of 60 tablets, each containing 45 R. U.

Bases of 12 ampules, each containing 25 R. U.
in aqueous solution.

Literature on request from

SCHERING CORPORATION • BLOOMFIELD, N. J.

fections, are incorporated in a high grade of face cream. Antivirus therapy is said to be of great value in any pyogenic inflammation whose location is such that the antivirus is brought into direct contact with the lesion. For literature fully describing these local vaccines, or bacterial intigen containing the antivirus of Besredka, address the Sherman Laboratories (ME 7-34), 14600 E. Jefferson Ave., Detroit, Mich.

SAMPLES OF MALT-O-MEAL: Here is a wheat cereal which has the flavor of toasted malt. To physicians who submit requests on their professional letterheads or prescription blanks, six samples are offered, for distribution to patients or hospitals. Address the Campbell Cereal Company (ME 7-34), Northfield, Minn.

SAMPLES OF Z.B.T. TALC: Samples of what is described as a fine, smooth, high-grade baby talcum powder are offered to members of the medical profession by the Crystal Corporation (ME 7-34), Willis Ave. & 133rd St., New York, N. Y.

ANATOMICAL STUDIES FOR THE PRACTITIONER: This is not a simple advertising folder, but an honest-to-good-

ness bound book that you will be glad to add to your library. It contains 47 elaborately prepared and accurately executed anatomical charts. A copy will be sent to any physician upon receipt of twenty cents to cover cost of handling. Address: S. H. Camp & Co. (ME 7-34), Jackson, Mich.

SAMPLES OF ERBOSOL: Physicians are invited to make a trial of Erbosol, an ointment specially prepared for the treatment of boils. Both literature and samples may be had by addressing a request to Boss & Seifert (ME 7-34), Providence, R. I.

PSORIMANGAN INJECTIONS: This literature describes what is said to be an efficacious new method for the treatment of psoriasis. It is a reprint from Clinical Medicine and Surgery, for February, 1934, in which Dr. D. P. Bowden, of Cleveland,

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Folder and Samples on request.

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MAXIMUM BROMIDE EFFECT WITH LESSENERD
RISK OF BROMISM.

PEACOCK'S BROMIDES

A pure bromide preparation—combining the bromides of
Potassium, Sodium Ammonium, Calcium and Lithium.

Each fluid dram (teaspoon)—15 grains Bromides.

The BEST and most dependable SEDATIVE
to soothe jaded nerves, quiet over-excited
cases and provide RESTFUL SLEEP.

OD PEACOCK SULTAN CO.

Pharmaceutical Chemists

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TILDEN Has Kept Faith With Physicians

PASANOL

has been the choice of physicians for a great many years as a Cardiac and Nerve Stimulant in Abnormal Heart Action, such as Palpitation, Irregularity and Feebleness due to the excessive use of stimulants and certain narcotics. Pasanol is palatable and safe, containing Cactus, Digitalin, Nitroglycerine and other ingredients combined in a manner exclusive with Tilden.

*Free Samples to Physicians
Only. Also ask for Offer.*

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The Oldest Pharmaceutical
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New Lebanon, N. Y. St. Louis, Mo.

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ME 7-34

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"Cracking Down" On Contracts

[Continued from page 47]

Having given considerable thought to the question at hand, I venture to suggest the following procedure for organized medical groups, based in part upon resolutions sponsored not long ago by the Philadelphia County Medical Society:

(1) The president of the local medical association shall appoint each year a medical court of six members. The duty of this court shall be to examine all existing medical contracts of members of the local medical association. Furthermore, this court shall lay down the principles to which such contracts must conform, and it shall present these principles to the membership of the association for approval prior to their going into force.

(2) Thereafter, any member of the medical association who contemplates entering into a verbal or a written contract for medical services shall be required to submit the contract to this court for its approval. Under no circumstances shall any member accept a contract contrary to the advice of the medical court. Any member accepting an unapproved contract shall be declared by the court to be guilty of unethical conduct, and shall be expelled from membership in the association.

(3) All members currently holding contracts shall be required to submit them to the medical court for its consideration

within one month of the time of the appointment of such court. Should these contracts be found to violate the principles adopted with reference to contract practice, they shall not be renewed without being changed to conform with the will of the court.

What I have suggested here is simply law-making—the setting up by the many of safeguards against the unprincipled, unsocial tactics of the few. But like most laws, it will mean nothing unless it is strictly enforced. Under threat of expulsion from the medical society, those who see fit to continue their contractual relationships can at least be made to conduct their work in a manner acceptable to their colleagues.

Naturally, a serious responsibility would rest upon the members of such a medical court, as well as upon the local medical society at large. It is perhaps safe to assume that local groups would realize this fact, and therefore approach with due fairness, wisdom, and foresight the task of formulating the principles to be used when considering medical contracts.

What sort of contract might the medical court be expected to approve? The chief consideration of a medical contract, as I see it, should be to limit the amount of contract practice to a maximum agreed upon by the organized group. The purpose of such a limitation, quite clearly, is to prevent any physician or surgeon from acquiring an excessive volume of work at the expense of other practitioners.

In other words, the restriction of the amount of contract practice permitted to a given physician would accomplish a fairer distribution of medical work among the many practitioners who, for one reason or another, either can not get or do not want any medical contracts at present.

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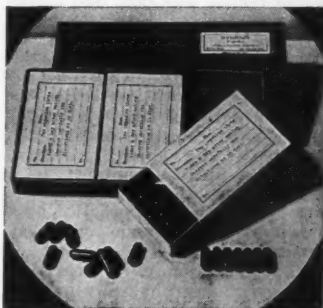
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physician who conducts a private practice should be allowed to render contract service also to more than five individuals a day. And if he limits himself to contract service exclusively, he should not be privileged to treat more than twenty-five patients a day.

There should be restrictions, too, as regards the amount of income to be derived from contract practice. The court should agree on this point, fixing a maximum which would not be exceeded under any circumstances.

It is my personal opinion that the net annual income from contract work should not be allowed to exceed \$3,000 in the case of the doctor who also carries on a private practice, or \$15,000 a year in the case of the practitioner who limits himself to contract practice only.

In direct proportion to the extent to which he has thus far managed to gobble up practice in wholesale fashion, many a comfortably-fixed contract practitioner would have his ire aroused by the enforcement of these two stipulations. But by the large majority of the medical profession I am sure these regulations would be welcomed.

After all, in the practice of medicine as everywhere else, the old policy of "the greatest good for the greatest number" is eminently worth following.

Therefore if there *must* be such a thing as contract practice, let us see to it that those who go in for it play the game squarely with the rest of the medical profession—whether they want to or not!

Don't Shoot the Public Health Officer!

[Continued from page 18]

that this formerly prevalent disease had become virtually nonexistent. The old rural practitioner replied that this was too bad, since typhoid had put the son through college.

Still in all, the disappearance of typhoid fever as the result of environmental sanitation and the activities of health officials has been as valuable for the doctor as for the public. Individuals who formerly died in early youth of typhoid fever or tuberculosis now generally survive to middle or old age to become the prey of chronic organic afflictions which often require long periods of relatively expensive treatment.

The right kind of public health work includes certain functions which are not only the legitimate duties of government, but are the minimum activities that must be conducted if the health of the people is to be routinely and adequately protected. Included among these are the following:

1. The control of communicable diseases.
2. Sanitation of the environment.
3. The promotion of child health.
4. Public health education.
5. Maintenance of laboratory service.
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health departments in times such as these when governmental appropriations and the burdens on the taxpayer, including physicians, must be kept at the lowest figure consistent with civic safety. In normal times and under proper conditions, other progressive activities may also be undertaken. In the larger cities research in disease prevention is always worthwhile, since progress in public health depends upon the development of knowledge.

In attempting to control disease, the health department operates in two ways. One is by ascertaining the existence of infectious or contagious disease, as shown by prompt reports from the attending physician or others, and then by the isolation or quarantine of the case and by the adoption and application of effective measures to prevent the spread of the disease.

Physicians owe a duty to their patients and their community to report diseases promptly and accurately. While some patients may prefer that little Johnny's scarlet fever be diagnosed as "drug rash" or "lobster rash," or that the mild case of measles be overlooked, the physician should never hesitate to report the true condition. In suspicious cases, where clinical diagnosis is difficult, he should make full use of the laboratory facilities of the health department.

The second, and more important, procedure by which the health department controls disease is through preventive measures. Thus, it insists upon pure water and the safe disposal of sewage and wastes, requires pasteurization of milk supplies and the hygienic handling of all food, controls insects and rodents, abates health nuisances, and supervises all kinds of environmental sanitation. It institutes mass immunization, promoting general vaccination against

smallpox, diphtheria, and other maladies.

The physician is not directly concerned with sanitation, except in his capacity as a prominent and influential citizen who wants his community to be clean and safe. Epidemics may keep the doctors busy for a temporary period, but they are, on the whole, bad business for any city. If the recent outbreak of amebic dysentery in Chicago had become known in the middle of last summer when the first cases occurred, the Century of Progress Exposition in that city undoubtedly would have entertained fewer visitors than it did.

Epidemiological investigations have revealed that this disease is water-borne and was originally caused by the contamination of the water supply in two local hotels. Since the same conditions that were found in these hotels in Chicago can probably be duplicated in hostelrys in many other American cities, physicians should take the lead in insisting upon investigations of local conditions by competent sanitary engineers.

Promotion of child health, another legitimate function of health departments, includes prenatal care, infant welfare, pre-school, and school hygiene. It is the task of the health official to stimulate public interest in proper maternal care, and the duty of the physicians to be able to give skillful attention to this specialty. Recent reports by medical authorities in New York City and elsewhere have shown that maternal mortality is distressingly high and that much of the blame for it falls upon the profession.

Infant welfare activities may comprise clinic services for those unable to pay for medical attention, the visits of discreet public health nurses to homes in order to instruct indigent mothers, and careful educational efforts by the

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health authorities. In all popular health instruction on this and other topics, the advice "See your doctor" will be and must be stressed. No matter how often this wise counsel is reiterated, a certain inevitable percentage of the population will never hie themselves to physicians. On the other hand, a considerable number of persons who would not ordinarily consult the family physician *will* be induced to go to him for advice and treatment.

The efficient conduct of public health work, like the operation of any other necessary function of government, requires the expenditure of funds in reasonable amounts. Experts have determined that the annual appropriation for official health activities should be at least \$1 per capita of population served, although in many communities it is far below that minimum amount.⁵ Physicians should be among the leaders in securing adequate funds for health work, since they as well as the general public can be assured a satisfactory return on the community's investment in health protection.

Much is heard these days about "state medicine" and "socialized medicine," neither of which has anything whatever to do with public health administration and

should not be confused with it. As a well known state health officer once told a medical society: "For every one person who visits a clinic as the result of health department propaganda, twenty-two go to private practitioners. And if that's state medicine, I'm a plumber!"

Every community with a population of 10,000 or more ought to have the services of a well-qualified health officer. He should be employed on a full-time basis so that, if he is a physician, he will not have to practice privately, too. He should preferably be a physician who is trained in public health work, but he may appropriately be a non-medical graduate of a reputable school of public health. Among the advantages of having a non-medical scientist as health officer is the fact that he can not and will not indulge in medical practice in competition with local practitioners.

At present about half the local health officers in this country are engaged on a part-time basis, incompatibly dividing their time between public health duties and private medical practice—which means that if either responsibility suffers, it is more likely to be that fraction devoted to public health administration. Of the full-time health officials, an unduly large proportion are laymen, without training either in medicine or public health. These

⁵Hiscock, I. V.: Community Health Organization. The Commonwealth Fund. 1932.

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lay health officers, who are numerous in some states, could be replaced to advantage by properly trained physicians.

The full-time medical health officer should be welcomed into the bosom of the local medical fraternity, given an honored place at meetings of the county medical society, and respected as the practitioner of a specialty which is as important as any other specialty in the medical sciences. The health officer, on the other hand, should look to the medical group for guidance and support, and should keep them informed of all new developments and progress in health matters. Such cooperation and understanding will be to the mutual advantage of all concerned.

It is no secret that there has been hostility in some places between medical and public health practitioners. This unwarranted attitude was reflected in an address delivered by a well-known representative of organized medicine at the last annual convention of the American Public Health Association. "As Daniel remarked when he left the lions' den," this physician concluded, "I am glad to have been among you." Similar histrionics occur at medical society meetings when the apparent cleavage between doctors and health officials is discussed.

The split between these two important groups is, however, more apparent than real. Although

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the physician deals mainly with the individual, and health authorities are concerned with the community as a whole, the ultimate objective is the same. The goal in both instances is human welfare.

In these days when medical science and public health are both harassed by cultists and self-styled reformers, by impractical idealists and vindictive opponents, it is in the best interests of these two professions to play the game together, and to play it with mutual understanding and respect.

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[Continued from page 25]

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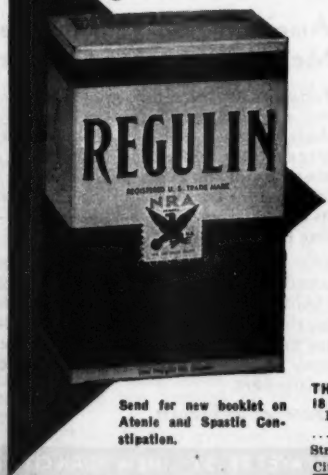
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come unable to perform his duties by reason of disease or accident (not of a temporary nature and not the result of dissipated habits), he is, after the expiration of his annual and sick leave, retired and placed on permanent "waiting orders" status. Officers so placed by reason of disability receive three fourths of their base pay and longevity increase.

When it was first organized in 1798 the Public Health Service was placed in the Treasury Department because certain administrative features were connected with the customs; and it has remained under that Department ever since. It is presided over by the Surgeon General, whose acts are subject only to the general supervision and approval of the Secretary of the Treasury and the President of the United States. All activities are conducted through the central office of the Surgeon General at Washington.

Today the duties of the Public Health Service include the operation of the Federal quarantine system; the medical examination of arriving aliens and of immigrants in foreign countries, destined for the United States; the regulation of interstate traffic in viruses, serums, toxins, and analogous biological products; field investigation of health prob-

lems, including sanitation, sewage, and the pollution of navigable waters; investigation and control of venereal diseases; study of drug addiction and the care and rehabilitation of drug addicts; study of mental hygiene; and the operation of the National Institute of Health, devoted to scientific research of problems of public health and disease.

The list of beneficiaries of the Public Health Service is as follows:

American seamen employed on board in the care, preservation, or navigation of any registered, enrolled, or licensed vessel of the United States.

Officers and enlisted men of the Coast Guard.

Officers and seamen on vessels of the Coast and Geodetic Survey.

Officers and crews of vessels, and certain keepers and assistant keepers of the Lighthouse Service.

Officers and crews of vessels of the Bureau of Fisheries.

Immigrants detained at immigration stations.

Government employees injured in line of duty.

Patients of the Veterans' Administration.

Officers of the Public Health Service and employees on field duty.

Prisoners at Federal narcotic farms.

Lepers.

[Turn the page]

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WHATEVER legislation may prove necessary in the public interest, from a professional point of view, nothing can take the place of strict adherence to the highest pharmaceutical and ethical standards in the preparation and distribution of an antispasmodic and sedative which is preferred for prompt relief by successful physicians. When writing prescriptions it pays to specify genuine HVC.

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About half a million persons apply annually for care and treatment at hospitals and other relief stations maintained by the Public Health Service at 155 ports in the United States and its possessions. Among these patients practically every class of disease is represented.

In the 26 marine hospitals operated by the Public Health Service more than 300 physicians and dentists, 400 nurses, aides, dietitians, and approximately 1,800 other persons are constantly employed in the care of a daily average of more than 4,000 patients.

By reason of the character of its duties and the conditions under which they are performed, the Public Health Service offers an attractive career. While pay and allowances are moderate as compared with those of private life, this may be more than offset by the opportunities offered for travel, specialization and research, and the safeguards provided in case of permanent disability.

On the other hand, a commission in the Public Health Service is not a sinecure. For the lack of a fixed dwelling place, the occasional separation from one's family, and the condition, at times, of emergency field service are all hardships the officer must contemplate.

No officer may expect to amass great wealth through the pay of his commission. He is, however, assured of a comfortable living and safeguards for disability and old age.

Furthermore, he occupies an honorable position in which there is opportunity for professional advancement, depending upon his ability and application. And he may render distinguished service and establish a permanent reputation in some field of his profession.

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Our only claim for the Spud is that its cooler smoke is *milder* because part of the irritating aldehydes and acids are condensed and filtered out in the butt of the cigarette by the cooling process. We have never advertised the Spud as a cure for anything; it is simply a more *comfortable* smoke.

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15c FOR 20 • (25c IN CANADA) • **CORK TIP or PLAIN**

THE AXTON-FISHER TOBACCO CO., INC., LOUISVILLE, KY.

serve, then, the United States Public Health Service offers him a splendid opportunity for a pleasant and useful career.

They Meet To Sleep

[Continued from page 34]

The otolaryngological section took this matter under consideration and tried an experiment. They notified the two hundred odd men affiliated with the section that an informal dinner at a moderate price would be served at seven o'clock. Much to their amazement, fifty or sixty men came to the dinner each month and were prepared to sit down comfortably to a meeting which started promptly at 8:30. Other sections have followed suit and now this custom is more or less established.

In certain of our hospitals we

COLDS and THROAT CONGESTIONS are oftentimes offset by stimulating and regulating the organs which, through retarded action, permit constipation and the absorption of toxic poisons.

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Literature, samples and further information on receipt of professional card.

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have found that not only are the men interested in coming to hear a scientific program but that they wish to have some type of entertainment which will fill out the evening. I once suggested that regardless of how many men were present, the meeting at a particular hospital should start exactly at the hour designated and stop just as promptly. The men were informed accordingly that the meetings would begin at 8:15 and would terminate at 10 o'clock, after which light refreshments would be served and the tables set for contract bridge, checkers, backgammon, and so forth.

The result of this procedure has been that the meetings are well attended at the time they are to start, the programs move swiftly, and many of the men remain to play games until one or two o'clock in the morning. In this way they have been scientifically and otherwise entertained and have established friendships which are bound to prove highly worth while.

In the final analysis, it ought to be obvious to anyone that a well organized and well selected program that will hold the attention of an audience is what is most needed to make a medical meeting successful. However, one should get away from the time-worn idea that the only object of a medical society is to present scientific data. What is of equal importance is to stimulate the members to meet one another on a friendly, informal, down-to-earth basis.

When a meeting is run with this thought in mind, it is not uncommon for the men to take their leave at the end of the evening, realizing that while they have not learned one single scientific fact of importance from the program, they have picked up many a helpful and satisfying idea by talking casually with their conferees over a sandwich and a glass of beer.

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